

Until the discovery of DECADRON* by MERCK SHARP & DOHME, when your diabetic patients were also in need of corticosteroid treatment, you were often faced with a difficult therapeutic dilemma. Diabetes mellitus was a recognized contraindication to the use of corticosteroids, since they not only aggravated the existing diabetic symptoms, but often precipitated latent diabetes.

NOW EVEN many diabetic patients may have THE FULL BENEFITS OF CORTICOSTEROID THERAPY

DECADRON—the new and most potent of all anti-inflammatory corticosteroids—is remarkable for its virtual absence of diabetogenic effect in therapeutic doses.



DEXAMETHASONE

**to treat more patients
more effectively**

In clinical trials with some 1,500 patients glycosuria was noted in only two, transitory glycosuria in another two, and flattening of the glucose tolerance curve in one. There were no instances of aggravation of existing diabetes, no increase in insulin requirements. Patients whose diabetes was severely aggravated on prednisolone showed good tolerance when transferred to DECADRON.

MORE patients can be treated with DECADRON than with other corticosteroids, because in addition to being practically free of diabetogenic activity, therapy with DECADRON is also practically free of sodium retention, potassium depletion, hypertension, edema and psychic disturbances. Cushingoid effects are fewer and milder. DECADRON has not caused any new or "peculiar" reactions, and has produced neither euphoria nor depression, but helps restore a "natural" sense of well-being.

*DECADRON is a trademark of Merck & Co., Inc., ©1958 Merck & Co., Inc.



MERCK SHARP & DOHME

DIVISION OF MERCK & CO., INC., PHILADELPHIA 1, PA.

CONTRAINDICATIONS: Absolute contraindications include active, questionably healed, or suspected tuberculosis, and herpes simplex of the eye. Relative contraindications, in which DECADRON must be administered with caution, are acute or chronic infections, peptic ulcer, osteoporosis, fresh intestinal anastomoses, diverticulitis, thrombophlebitis, pregnancy, and psychotic tendencies.

In Mild Depression

- with chronic fatigue
- with neurasthenia
- with difficulty in concentrating

Anti Depressant



A totally new molecule with a new type of *gentle* antidepressant effectiveness... free from undesirable overstimulation and hyperirritability. Also, notably effective in children with behavior problems.



Northridge, California

Supplied in scored tablets containing 25 mg. of 2-dimethylaminoethanol as the *p*-acetamidobenzoic acid salt. In bottles of 100 and 500.



The "OLD AGE SYNDROME"

hasn't got him down!



He's active NOW!

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For return to more normal, happier activity and improved behavior in the "Old Age Syndrome"—Niatric brings renewed interest and emotional relief from mild depression, confusion, and forgetfulness. Niatric improves circulation, helps to protect capillary integrity and to guard against the "little strokes" often found in your older patients suffering from symptoms of cerebral vascular insufficiency.

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COMPOSITION: Pentylenetetrazol 100 mg., Nicotinic Acid 50 mg., Ascorbic Acid 100 mg., Bioflavonoids 100 mg.



B. F. ASCHER & CO., INC. • Ethical Medicinals / Kansas City, Mo.

AVERAGE DOSE: One tablet t.i.d.; or the dose may be increased to two tablets as directed by physician.

SUPPLY: Bottles of 100 and 500 tablets.

CHIEFS OF RESEARCH

New positions for Psychiatrists in State mental hospitals.

To promote and coordinate hospital research activities; assist staff in research planning, design, and methodology.

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To do research, diagnosis, and treatment. Opportunities for advancement to direct hospital research and professional education activities.

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NEW BOOK

PICTORIAL HANDBOOK OF FRACTURE TREATMENT

By EDWARD L. COMPERE, M.D., SAM W. BANKS, M.D., and CLINTON L. COMPERE, M.D. 4th ed. 448 pages. Illustrated. (1958) Year Book. \$7.50.

The revision adds several new techniques; for example, the use of a small threaded wire through the first metacarpal bone for skeletal traction to reduce and maintain position in comminuted fractures of the distal end of the radius. Complications and recommended methods of treatment for aseptic necrosis of the femoral head and the carpal navicular and the treatment of nonunions and malunions are also discussed. The authors are from Northwestern.

Stacey's

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INDEX TO *California Medicine* ADVERTISERS

<i>Alexander Sanitarium Incorporated</i>	14	<i>Marlyn Company, Inc.</i>	98
<i>Ames Company, Inc.</i>	12	<i>McCall's Desert-Air Lamps</i>	54
<i>Armour Pharmaceutical Company</i>	25, 95	<i>Medical Protective Company, The</i>	90
<i>Ascher & Company, Inc., B. F.</i>	3, 82	<i>Merck Sharp & Dohme, Division of</i>	
<i>Astra Pharmaceutical Products, Inc.</i>	7, 99	<i>Merck & Co., Inc.</i>	2nd Cover, Insert 32-33
		<i>Merrell Company, Wm. S., The</i>	55
		<i>Mills Pharmaceutical Company</i>	66
<i>Bauer & Black, Division of The Kendall</i>			
<i>Company</i>	48	<i>Officers of the California Medical</i>	
<i>Benjamin, M. J.</i>	80	<i>Association</i>	2, 4, 5, 6
<i>Boyle & Company</i>	46, 47		
<i>Brown Pharmaceutical Company, The</i>	74	<i>P & S Laboratories</i>	19
<i>Burroughs Wellcome & Co. (U.S.A.)</i>		<i>Parke, Davis & Company</i>	28, 29
<i>Inc.</i>	Insert 48-49	<i>Pfizer Laboratories Division, Chas. Pfizer &</i>	
		<i>Company, Inc.</i>	72, 73, 79
<i>California Physicians' Service, Officers</i>	7	<i>Physicians Casualty & Health Associations</i>	14
<i>California State Personnel Board</i>	3	<i>Pitman-Moore Company, Division of</i>	
<i>Ciba Pharmaceutical Products,</i>		<i>Allied Laboratories, Inc.</i>	9
<i>Inc.</i>	26, 34, 35, 36, 37, 78, 83		
<i>Classified Advertisements</i>	40	<i>Raleigh Hills Sanitarium, Inc.</i>	90
<i>Compton Sanitarium</i>	32	<i>Riker Laboratories, Inc.</i>	1, 3rd Cover
<i>Cook County Graduate School of Medicine</i>	14	<i>Robins Co., Inc., A. H.</i>	16, 17, 24, 59
<i>Cutter Laboratories</i>	4th Cover	<i>Roche Laboratories, Division of</i>	
		<i>Hoffmann-La Roche Inc.</i>	13, 23, 84
<i>Darwin Laboratories</i>	51	<i>Roerig Division, Chas. Pfizer</i>	
<i>Desitin Chemical Company</i>	39, 67	<i>& Co., Inc.</i>	27, 60, 61, 77, 85
<i>Doctors Business Bureau, The</i>	62	<i>Rorer, Inc., William H.</i>	44
<i>Eaton Laboratories</i>	10	<i>Safflower Products Corp.</i>	93
<i>Endo Laboratories</i>	43	<i>Schering Corporation</i>	45, 71
		<i>Searle & Co., G. D.</i>	65
<i>Geigy Pharmaceuticals, Division of Geigy</i>		<i>Smith-Dorsey, a division of The Wander</i>	
<i>Chemical Corporation</i>	Insert 84-85	<i>Company</i>	33, 91, 97
<i>General Electric Company, X-Ray Department</i>	50	<i>Smith Kline & French Laboratories</i>	15
<i>Greens' Eye Hospital</i>	62	<i>Squibb & Sons, E. R., Division of Mathiesen</i>	
		<i>Chemical Corporation</i>	70
<i>Hobart Laboratories, Inc.</i>	57, 92	<i>Stacey's</i>	3
		<i>Syntex Chemical Company, Inc.</i>	87
<i>Irwin, Neisler & Co.</i>	31		
		<i>Twin Pines Neuropsychiatric Sanitarium</i>	90
<i>Kip, Inc.</i>	42		
<i>Knoll Pharmaceutical Company</i>	22	<i>Upjohn Company, The</i>	52, 53
<i>Lady Lois Custom Catered Ice Cream</i>	42	<i>Walker Laboratories, Inc.</i>	63
<i>Lakeside Laboratories, Inc.</i>	15	<i>Wallace Laboratories</i>	18, 75
<i>Lederle Laboratories, a Division of American</i>		<i>Westwood Pharmaceuticals, Division of</i>	
<i>Cyanamid Company</i>	20, 21, 30, 41, 49, 58	<i>Foster-Milburn Co.</i>	56
	69, 88, 89, 94, 100	<i>Winthrop Laboratories</i>	Insert 68-69
<i>Lilly and Company, Eli</i>	64	<i>Woodside Acres Hospital</i>	32
<i>Livermore Sanitarium and Psychiatric</i>		<i>Wyeth Incorporated</i>	81
<i>Clinic, The</i>	42		

cold sufferers
never dry...



they just
blow away!



Until you provide
GREATER RELIEF
with longer-acting*

Novahistine LP

*A single dose provides relief for as long as 12 hours.

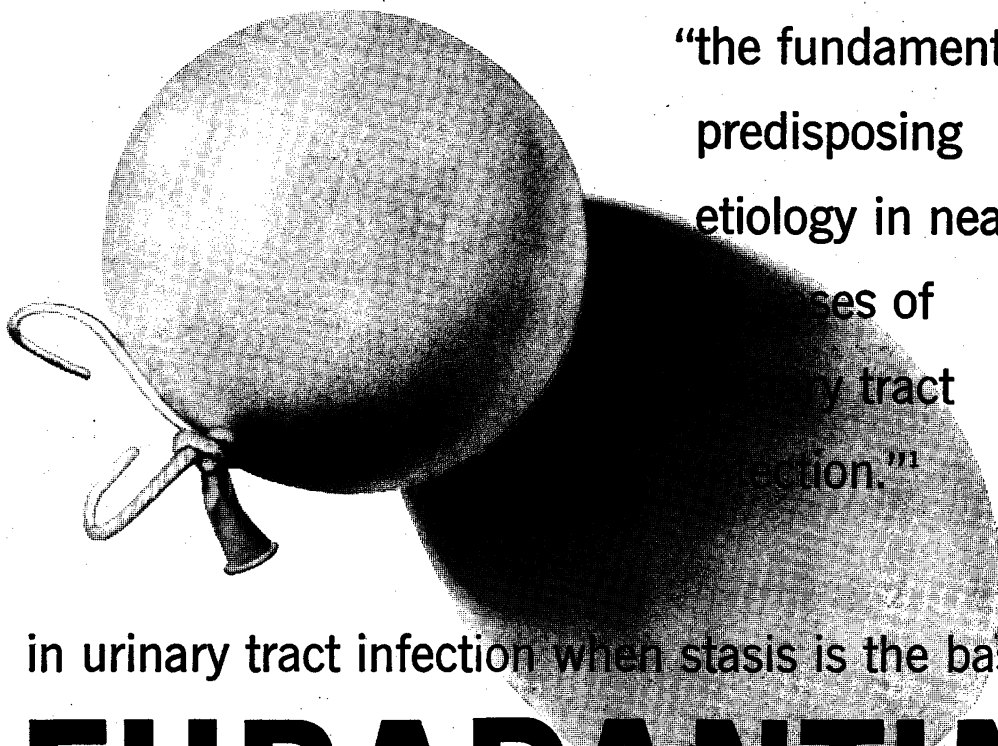
Novahistine LP[†] combines the action of a quick-acting sympathomimetic with an antihistaminic drug for a *greater* decongestive effect.

Each LP tablet contains:
Phenylephrine hydrochloride..... 20 mg.
Chlorpheniramine maleate. 4 mg.
Supplied in bottles of 50 and 250 tablets.

Usual dose: Two tablets, morning and evening. For mild cases (and children), 1 tablet. Occasional patients may require a third daily dose, which can be safely given.

[†]Trademark

PITMAN-MOORE COMPANY
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INDIANAPOLIS 6, INDIANA



Urinary blockage
and stasis are
“the fundamental
predisposing
etiology in nearly
all cases of
urinary tract
infection.”¹

in urinary tract infection when stasis is the basis

FURADANTIN[®]

brand of nitrofurantoin

“FURADANTIN is especially recommended for conditions where there is retained urine. . . . This is because the FURADANTIN is excreted in large amounts in the urine.”²

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AVERAGE ADULT FURADANTIN DOSAGE: 100 mg. q.i.d. with meals and with food or milk on retiring. **SUPPLIED:** Tablets, 50 and 100 mg.; Oral Suspension, 25 mg. per 5 cc. tsp.

REFERENCES: 1. Campbell, M. F.: Principles of Urology, Philadelphia, W. B. Saunders Co., 1957, p. 101. 2. Carroll, G.: Bacterial Infections of the Urinary Tract (Male), in Conn, F.: Current Therapy 1956, Philadelphia, W. B. Saunders Co., 1956, p. 301. 3. Jawetz, E.: A.M.A. Arch. Int. M. 100:549, 1957.

NITROFURANS—a new class of antimicrobials—neither antibiotics nor sulfonamides

EATON LABORATORIES, NORWICH, NEW YORK



AN AMES CLINIQUICKTM

CLINICAL BRIEFS FROM MODERN PRACTICE

What differentiates "renal diabetes" (renal glycosuria) from diabetes mellitus?

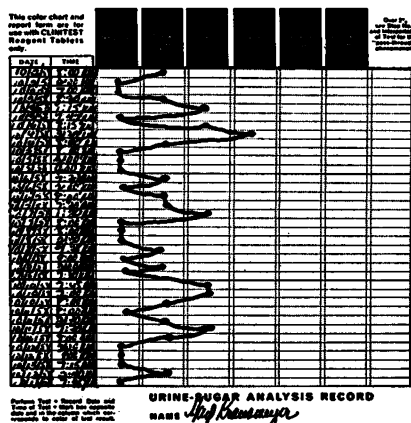
Blood sugar levels. In renal glycosuria they are normal; in untreated diabetes, fasting blood sugars are usually 130 mg.% or over and postprandial levels 170 mg.%, or more.

Source: Joslin, E. P.; Root, H. F.; White, P., and Marble, A.: The Treatment of Diabetes Mellitus, ed. 9, Philadelphia, Lea & Febiger, 1952, pp. 701-702.

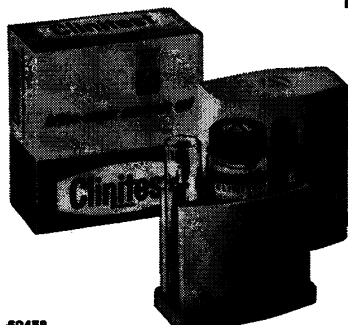
A "URINE-SUGAR PROFILE" FOR CLOSER CONTROL

The new CLINITEST Urine-Sugar Analysis Set contains an improved Analysis Record form that enables even closer control of the *moderate* and the *severe* diabetic. Daily urine-sugar readings may be connected to produce a graph—a day-to-day "profile" that reveals at a glance individual trends and degree of control.

*GP 16:121 (August) 1957.



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BRAND

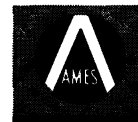


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FOR EVEN BETTER CONTROL OF THE MODERATE AND THE SEVERE DIABETIC

the STANDARDIZED urine-sugar test for reliable quantitative estimations "...the most satisfactory method for home and office routine testing."*

AMES
COMPANY, INC
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Toronto • Canada



When it comes to colds and coughs,
surgeons are just like their patients
... they want relief of symptoms and,
if possible, to stay on the job.

Romilar Cold Formula controls the
entire symptomatology of colds,
including coughs. A synergistic
combination,* Romilar CF

*checks coryza
suppresses coughing
relieves congestion
controls fever and malaise*

this surgeon takes Romilar CF

Each teaspoonful (5 cc) of pleasantly flavored
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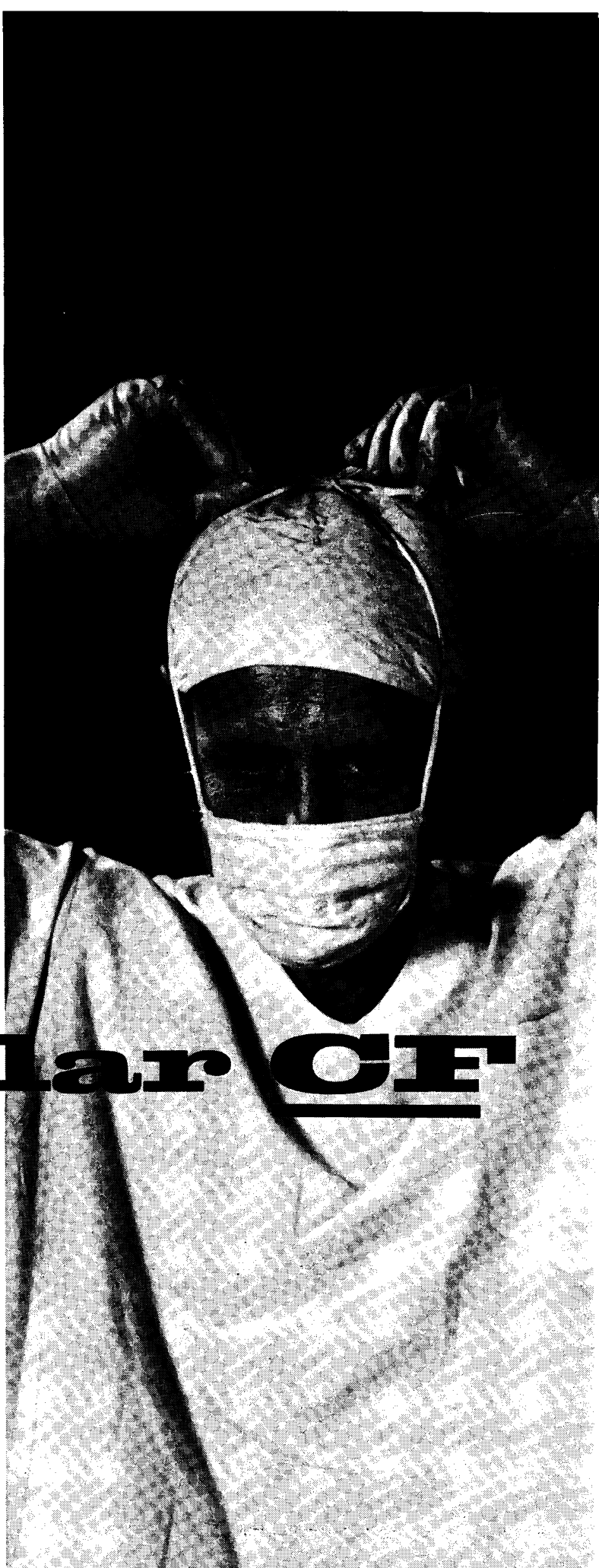
*L. O. Randall and J. Selitto, *J. Am. Pharm. Assn. (Sc. Ed.)*, 47:313, 1958.

Romilar® Hydrobromide—brand of dextromethorphan hydrobromide



ROCHE LABORATORIES

Division of Hoffmann-La Roche Inc. • Nutley 10 • N. J.





for your anxious patients

Compazine^{*}

offers four beneficial effects


1. relieves anxiety, tension and related depression
2. exerts a unique alerting effect in many patients
3. dispels preoccupation with emotionally induced symptoms such as headache, g.i. disturbances and non-specific musculoskeletal pain
4. normalizes sleeping and eating habits

Available: Tablets, 5 mg., 10 mg. and 25 mg.; Spansule[®] *sustained release* capsules, 10 mg., 15 mg., 30 mg. and 75 mg.; Ampuls, 2 cc. (5 mg./cc.); Multiple dose vials, 10 cc. (5 mg./cc.); Syrup, 5 mg. per 5 cc. teaspoonful; Suppositories, 5 mg. and 25 mg.

 SMITH KLINE & FRENCH LABORATORIES

^{*}T.M. Reg. U.S. Pat. Off. for prochlorperazine, S.K.F.

[†]T.M. Reg. U.S. Pat. Off. for sustained release capsules, S.K.F.



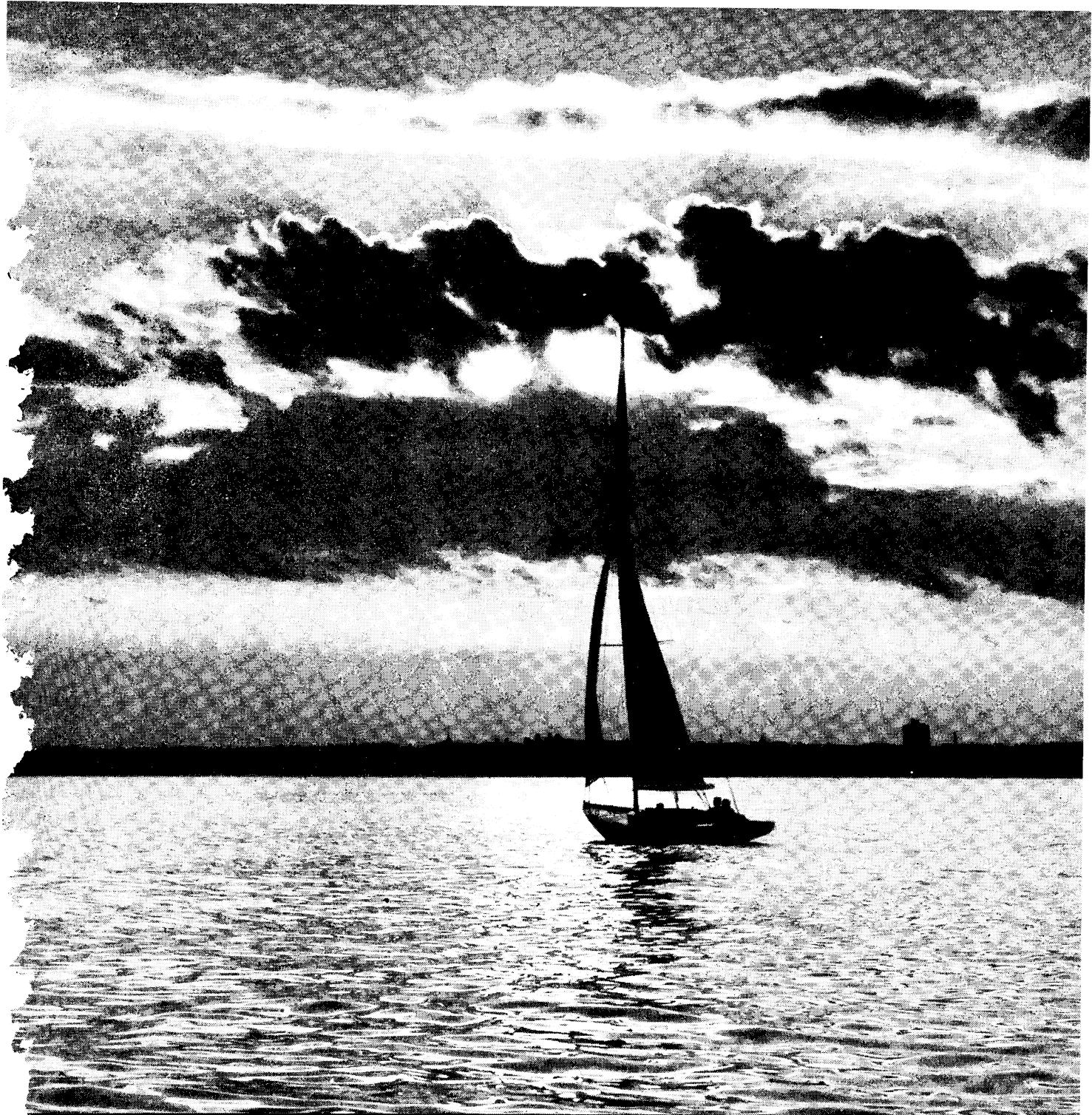
Like oil on troubled waters

When smooth muscle spasm
gets rough on your patients...

TABLETS • CAPSULES • ELIXIR • EXTENTAB

In each Tablet, Capsule or tsp. (5 cc.) of Elixir	In each Extentab
Hyoscyamine sulfate 0.1037 mg.	0.3111 m
Atropine sulfate 0.0194 mg.	0.0582 m
Hyoscine hydrobromide 0.0065 mg.	0.0195 m
Phenobarbital ($\frac{1}{4}$ gr.) 16.2 mg.	($\frac{3}{4}$ gr.) 48.6 m

*Prescribed by more physicians
than any other antispasmodic*



DONNATAL[®]



NATURAL BELLADONNA ALKALOIDS PLUS PHENOBARBITAL

A. H. ROBINS CO., INC., RICHMOND 20, VIRGINIA • *Ethical Pharmaceuticals of Merit since 1878*

for depression

Deprol[†]

*Clinically confirmed
in over 2,500
documented
case histories^{1,2}*

CONFIRMED EFFICACY

- Deprol* ▶ acts promptly to control depression
without stimulation
- ▶ restores natural sleep
 - ▶ reduces depressive rumination and crying

DOCUMENTED SAFETY

Deprol is unlike amine-oxidase inhibitors

- ▶ does not adversely affect blood pressure or sexual function
- ▶ causes no excessive elation
- ▶ produces no liver toxicity
- ▶ does not interfere with other drug therapies

Deprol is unlike central nervous stimulants

- ▶ does not cause insomnia
- ▶ produces no amphetamine-like jitteriness
- ▶ does not depress appetite
- ▶ has no depression-producing aftereffects
- ▶ can be used freely in hypertension and in unstable personalities

Dosage: Usual starting dose is 1 tablet q.i.d. When necessary, this dose may be gradually increased up to 3 tablets q.i.d.

Composition: Each tablet contains 400 mg. meprobamate and 1 mg. 2-diethylaminoethyl benzilate hydrochloride (benactyzine HCl).

Supplied: Bottles of 50 scored tablets.

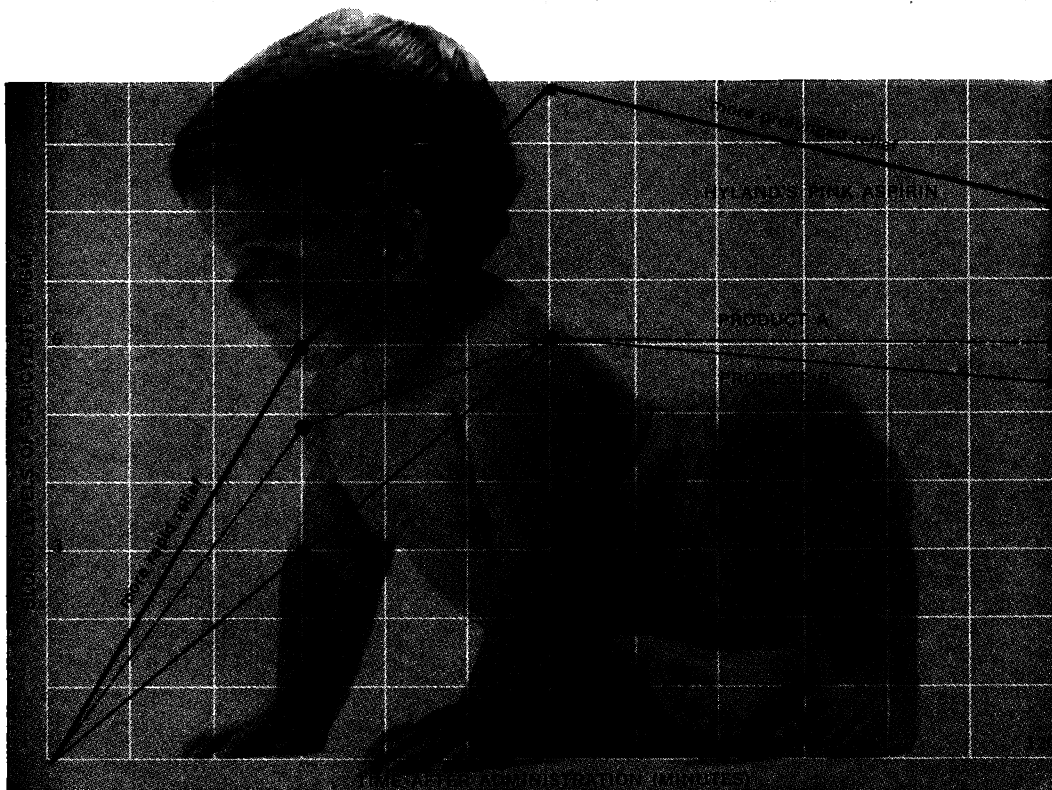
1. Alexander, L.: Chemotherapy of depression—Use of meprobamate combined with benactyzine (2-diethylaminoethyl benzilate) hydrochloride. J.A.M.A. 166:1019, March 1, 1958. 2. Current personal communications; in the files of Wallace Laboratories.

†TRADE-MARK
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Literature and samples on request  WALLACE LABORATORIES, New Brunswick, N.J.

HYLAND'S PINK ASPIRIN FOR CHILDREN

Gives 27-56% higher blood levels of salicylate



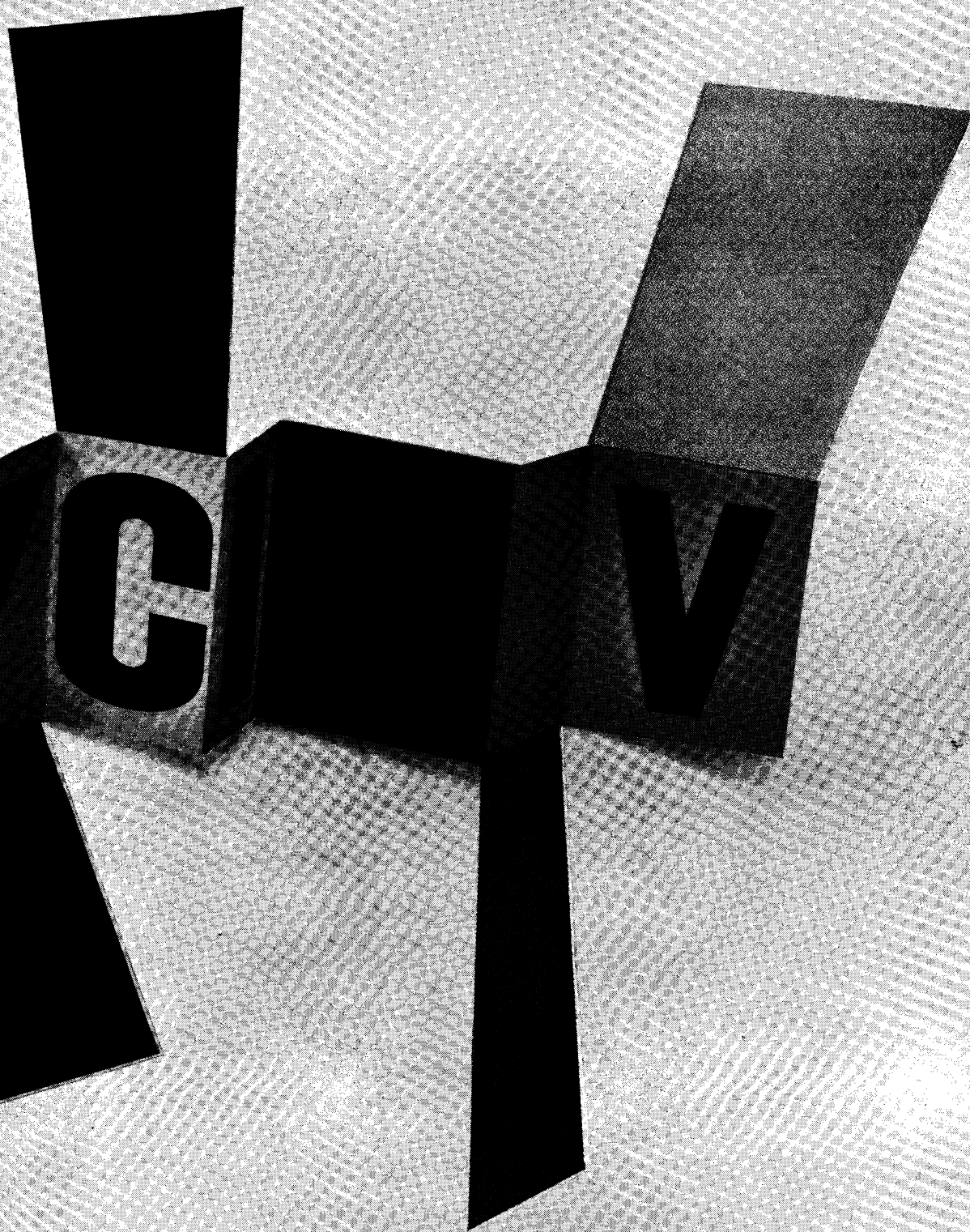
THE ONLY ASPIRIN FORMULATED ESPECIALLY FOR INFANTS

In a recent test of three "infants' & children's" aspirin tablets*...results conclusively showed that Hyland's Pink Aspirin for Children produced blood levels of salicylate 27-56% higher than the other brands. • Here's why: Hyland's Pink Aspirin for Children is the only Triturate. Triturates, often used for injection, are absorbed more quickly...safely. Hyland's contains no starch or binder...ingredients used in compressed tablets which retard assimilation. Controlled dosage for any age—no inaccurate breaking of adult-type tablets. • No "emotional trauma" for your infant patients...specify Hyland's Pink Aspirin for Children (they love the raspberry flavor)...the Triturate tablet that's specially formulated for them! *detailed report sent on request



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for over half a century.

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**new antibacterial
new chemical entity
new high in
effectiveness
new low in side
reactions**



Madribon



TABLETS: 0.5 Gm, double scored, monogrammed, gold colored—bottles of 30, 250 and 1000.

SUSPENSION: 0.25 Gm/teasp. (5 cc), custard flavored—bottles of 4 oz and 16 oz.

MADRIBON T.M.—brand of 2,4-dimethoxy-6-sulfanilamido-1,3-diazine

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**buoy up
your patients
nutritionally**

**in pregnancy
lactation
convalescence
deficiency states
dietary restrictions
digestive dysfunction**

with

Saturation Dosage

of water-soluble vitamins B and C

ALLBEE[®] with C



Each capsule contains:

Thiamine	
Mononitrate (B ₁)	15 mg.
Riboflavin (B ₂)	10 mg.
Nicotinamide	50 mg.
Calcium Pantothenate	10 mg.
Pyridoxine	
Hydrochloride (B ₆)	5 mg.
Ascorbic Acid	
(Vitamin C)	250 mg.

Robins

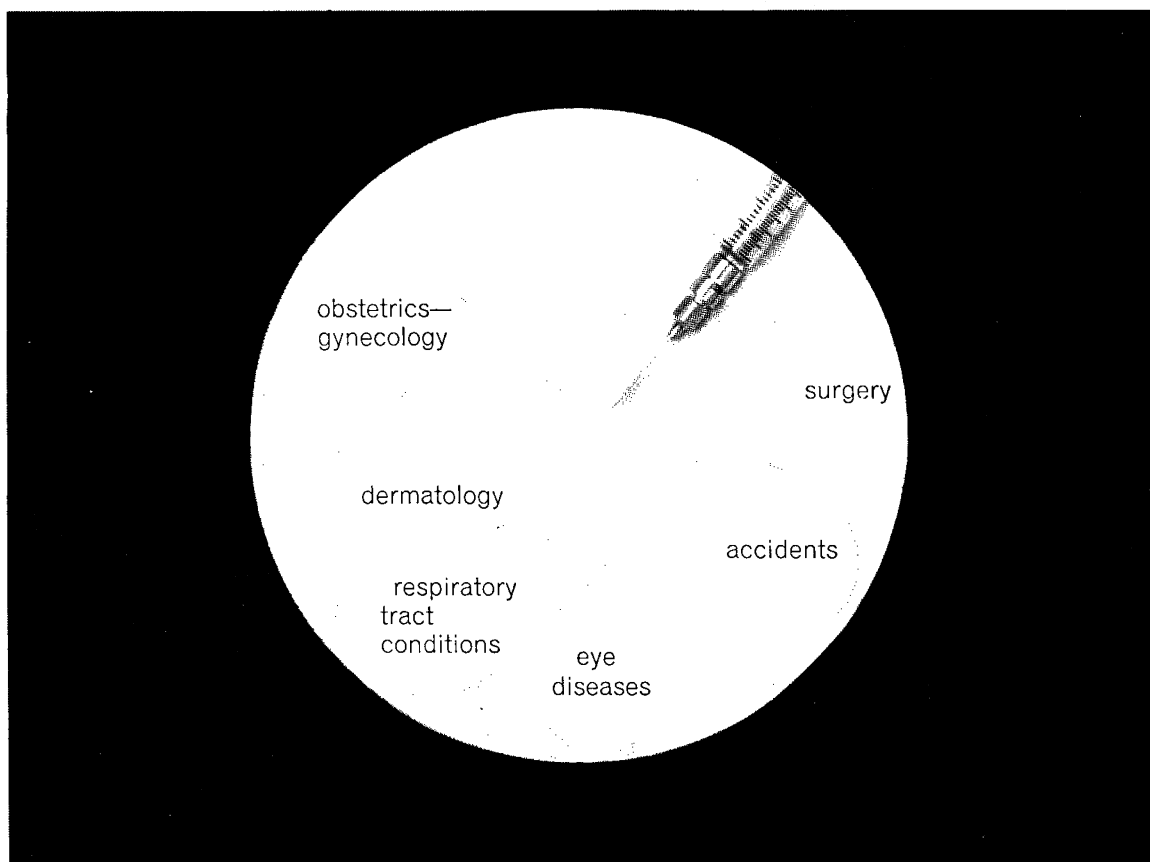
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rock-bottom economy for peak-high vitamin values for your patients

CHYMAR® AQUEOUS is indicated as: # a therapeutic agent—Chymar abolishes inflammation, hastens absorption of edema and blood extravasates, relieves pain, restores impaired local blood and lymph circulation. # a prophylactic agent—Chymar, when given early, suppresses the development of the inflammatory tissue reaction and edema. # an adjunctive agent—Chymar supplements antibiotics in local infections and is useful in inflammatory dermatoses. # Supplied: 5 cc. multiple dose vials. Each ml. contains 5,000 Armour Units of chymotrypsin. Also available—Chymar in Oil.



PREFERRED FOR SYSTEMIC ANTI-INFLAMMATORY ACTION



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Allergy-free...all day...
with this much medication ●



Typically, the allergic patient can enjoy a whole day's freedom from symptoms with just one Pyribenzamine Lontab in the morning—a whole night of restful sleep with just one Lontab in the evening.

The outer shell of the unique Lontab actually contains an effective dose of Pyribenzamine which is released minutes after the Lontab enters the stomach. Thereafter, medication is released uniformly and continuously from the specially formulated inner core of the Lontab—sustaining antiallergic effect as long as 12 hours.

For patients who need only periodic medication, regular Pyribenzamine tablets provide fast, dependable action, with a minimum of undesirable side effects.

SUPPLIED: Pyribenzamine Lontabs—full-strength—100 mg. (light blue). Pyribenzamine Lontabs—half-strength—50 mg. (light green); for children over 5 and adults who require less antiallergic medication. Pyribenzamine Regular Tablets, 50 mg. (green, scored) and 25 mg. (green, sugar-coated).

Pyribenzamine® hydrochloride (*tripelennamine hydrochloride* CIBA) **Lontabs®** (*long-acting tablets* CIBA)

2/2621MK

C I B A SUMMIT, N. J.

Pyribenzamine® Lontabs®

JUST ONE KEEPS YOUR ALLERGIC PATIENT ON A 12-HOUR THERAPEUTIC PLATEAU

1 Ladies and gentlemen: learn all about new VITERRA PEDIATRIC, a good supplement in a great new package.

2 First, see what happens when you push the metered plunger.

3 Aha! An exact 0.6 cc. comes out this spout. Never more, never less.

4 And notice — no drip, no waste, no sticky bottle.

5 On your right, see the Metered-Flow bottle's tight seal. No risk of contamination.

6 Let's take a minute to admire the formula.

7 That means no hot-weather loss of potency.

8 Now for a farewell treat, a taste of delicious, orange-y VITERRA PEDIATRIC. How will you have it — in fruit juice? On cereal? Straight from the spoon?

VITERRA PEDIATRIC METERED-FLOW BOTTLE

ALLOW 30 SECONDS BETWEEN DISPENSINGS

Special note to doctors who took this tour:

Problems of over- and under-dosage, spillage, spoilage or leakage disappear with VITERRA PEDIATRIC's new Metered-Flow bottle. Why not consider these advantages when you recommend a vitamin supplement?



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Division, Chas. Pfizer & Co., Inc.
Science for the world's well-being



therapeutic sulfa  levels

Midicel[®]

(sulfamethoxypyridazine, Parke-Davis)



for 24 hours with a single tablet

MIDICEL differs from ordinary sulfonamides because it affords *all* these clinical advantages:

1 tablet-a-day schedule—greater convenience and economy for patients • **rapid effect**—prompt absorption • **prolonged action**—effective plasma and tissue concentrations sustained day and night with 1 tablet daily • **wide antibacterial spectrum**—effective in urinary tract infections, upper respiratory infections, bacillary dysenteries, and surgical and soft tissue infections, due to sulfonamide-sensitive organisms • **well tolerated**—low dosage and high solubility minimize possibility of crystalluria.

Adult Dosage: Initial (first day)—2 tablets (1 Gm.) for mild or moderate infections, or 4 tablets (2 Gm.) for severe infections. Maintenance—1 tablet (0.5 Gm.) daily. **Children's Dosage:** According to weight. See literature for details of dosage and administration. **Available:** Quarter-scored tablets of 0.5 Gm., bottles of 24, 100, and 1,000.

PARKE, DAVIS & COMPANY • DETROIT 32, MICHIGAN

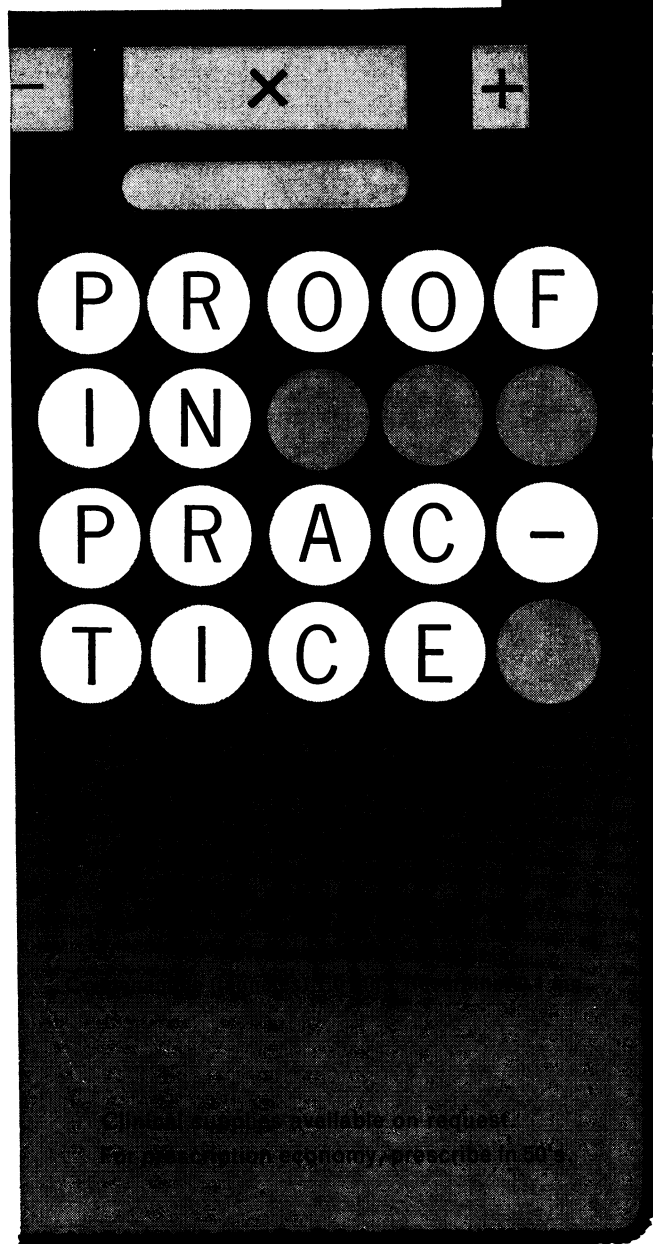


69459

SUMMARY OF REPORTS

No. of Patients	Results	Percent
6,553	Excellent	31.0%
10,843	Good	51.3%
2,703	Fair	12.8%
1,033	Unsatisfactory	4.9%

(Total Number of Side Effects: 638 (3.0%))



A NEW DIMENSION IN RESEARCH

This data deals with the results obtained by 1,988 physicians, treating 21,128 hypertensive patients with Unitensin. The "Proof In Practice" study validates,

in day-to-day private practice, the findings of clinical trials conducted in hospitals and institutions. It proves that

Unitensin affords safe, dependable office management for the majority of hypertensive patients. Unitensin lowers blood pressure . . . improves cerebral and renal blood flow...

exerts no adverse effects on circulation . . . and, is virtually free of side effects.

Neisler

Irwin, Neisler & Co.

Decatur, Illinois

ANTI-HYPERTENSIVE

antihypertensive

E

DIUPRES

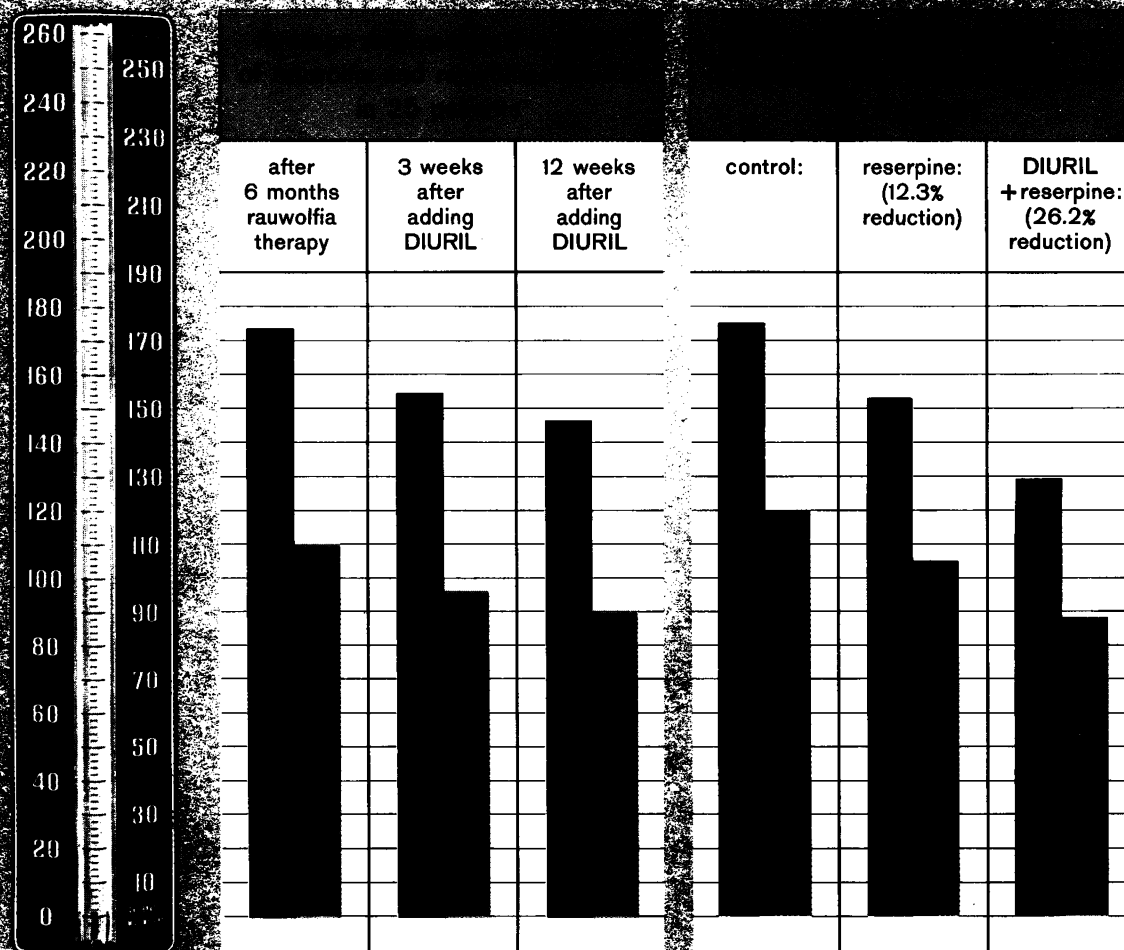
DIURIL® WITH RESERPINE

more hypertensives can be better controlled
with DIUPRES than with any other agent
... with greater simplicity and convenience

a logical alliance of two antihypertensives
 you know and trust provides
increased effectiveness, decreased side effects

potentiated effect

causing a blood pressure effect greater than either agent alone. This effect is
 in many patients who respond inadequately to one or both alone. (Data on request.)



DIUPRES

DIURIL[®] WITH RESERPINE

effective therapy for most patients

DIUPRES by itself usually provides effective therapy for a majority of patients with mild or moderate hypertension, and even for many patients with severe hypertension. Many patients now treated with other agents which frequently cause distressing side effects can be adequately managed with well tolerated DIUPRES.

provides basic therapy

Should other drugs need to be added to DIUPRES, they can be given in much lower than usual dosage so that their side effects are often strikingly reduced.

rapid onset of effect

The antihypertensive action of DIUPRES is rapidly evident. (Considerable time may elapse before the antihypertensive effect of reserpine alone is observed.)

fewer and less severe side effects

DIUPRES may be expected to cause fewer and less severe side effects than are encountered with other antihypertensive therapy. (Since DIURIL and reserpine potentiate each other, the required dosage of each is usually less when given together as DIUPRES than when given alone. Such reduction in dosage makes side effects less likely to occur.)

often obviates weight gain

DIUPRES minimizes the problem of weight gain seen with reserpine (reserpine alone has been reported to produce weight gain in 50 per cent of patients).^{1,4}

virtually eliminates fluid retention

DIUPRES is not likely to cause either clinical or subclinical retention of sodium and water. (Hypotensive drugs, par-

ticularly rauwolfia⁵ and hydralazine,⁶ may cause fluid retention. Even when such retention is subclinical, their antihypertensive effectiveness is diminished.⁶)

diet more palatable

With DIUPRES, there is less need for rigid restriction of dietary salt, which patients find so burdensome.

*"It may well be that the drug [DIURIL] produces the benefits of a markedly restricted low sodium diet but without its hardships."*³

subjective and objective improvement

DIUPRES allays anxiety and tension, thus reducing the emotional component of hypertension. Organic changes of hypertension may be arrested and reversed. Headache, dizziness, palpitations and tachycardia are usually promptly relieved by DIUPRES. When the *anginal syndrome* accompanies hypertension, the administration of DIUPRES may also cause diminution or even disappearance of this syndrome concurrent with control of the hypertension.

convenient, controlled dosage

Instead of two separate prescriptions, you write one prescription . . . the patient takes one tablet, rather than two different tablets . . . and the dosage schedule is easier for the patient to remember and follow.

*"patients have fewer lapses and make fewer mistakes in dosage, the simpler the regimen can be made. Therefore I do not hesitate to use more than one medicament combined in one tablet, provided this gives approximately the correct dosage of each."*⁶

economical

DIUPRES will cost the patient less than if he were given two separate prescriptions for its components.

Indications:

DIUPRES is indicated in hypertension of all degrees of severity. It can be used in the following ways:

- as total therapy
- as primary therapy, adding other drugs if necessary
- as replacement or adjunctive therapy in patients now treated with other agents

Precautions:

The precautions normally observed with DIURIL or reserpine apply to DIUPRES. Additional information on DIUPRES is available to physicians on request.

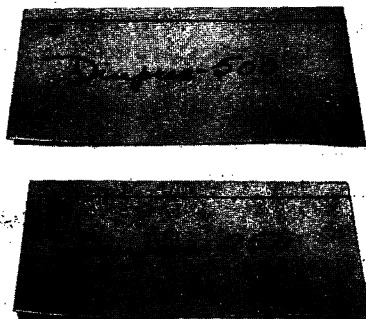
Recommended dosage range:

DIUPRES-500—one tablet one to three times a day.

DIUPRES-250—one tablet one to four times a day.

If necessary, other agents may be added.

If the patient is receiving ganglion blocking agents or hydralazine, their dosage should be cut by 50 per cent when DIUPRES is added.

**DIUPRES-500**

500 mg. DIURIL (chlorothiazide), 0.125 mg. reserpine.
Bottles of 100, 1000.

DIUPRES-250

250 mg. DIURIL (chlorothiazide), 0.125 mg. reserpine.
Bottles of 100, 1000.

the first "wide range" antihypertensive

DIUPRES

DIURIL[®] WITH RESERPINE

1. Rochelle, J. B., III, Bullock, A. C., and Ford, R. V.: Potentiation of antihypertensive therapy by use of chlorothiazide, *J.A.M.A.* 168:410, Sept. 27, 1958. 2. Freis, E. D., Wexler, A., Wilson, J. M., and Parrish, A. E.: Treatment of essential hypertension with chlorothiazide (Diuril), *J.A.M.A.* 156:127, Jan. 11, 1958. 3. Freis, E. D.: Treatment of hypertension. (Presented at the Annual Meeting of Southern Medical Association, Nov. 13, 1957.) 4. Moyer, J. H., Dennis, E., and Ford, R.: Drug therapy (chlorothiazide) of hypertension, *A.M.A. Arch. Int. Med.* 96:530, Oct. 1955. 5. Perera, G. A.: Edema and congestive failure related to administration of rauwolfia serpentina, *J.A.M.A.* 159:435, Oct. 1, 1954. 6. Wilson, J. M.: Precautions in use of antihypertensive drugs, including chlorothiazide, *J.A.M.A.* 167:801, June 14, 1958.



MERCK SHARP & DOHME, DIVISION OF MERCK & CO., INC., PHILADELPHIA 1, PA.

*DIUPRES and DIURIL (chlorothiazide) are trademarks of Merck & Co., Inc.



running noses and open stuffed noses orally

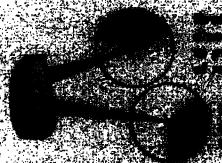
with TRIAMINIC, the oral nasal decongestant

- in nasal and paranasal congestion
- in sinusitis
- in postnasal drip
- in allergic reactions of the upper respiratory tract

safer and more effective than topical medication

- reaches *all* respiratory membranes systemically
- avoids "nose drop addiction"
- presents no problem of rebound congestion
- provides longer-lasting relief

Relief with Triaminic is prompt and prolonged because of this special timed-release action... beneficial effect starts in minutes, lasts for hours.



One-half tablet layer dissolves within minutes to produce 2 to 4 hours relief.

Other half layer dissolves more slowly to provide 2 to 4 hours of relief.

Each TRIAMINIC Tablet provides:

Phenylpropanolamine HCl	50 mg.
Phenazone maleate	25 mg.
Pyriminase maleate	25 mg.

One-half of this formula is in the outer layer, the other half is in the core.

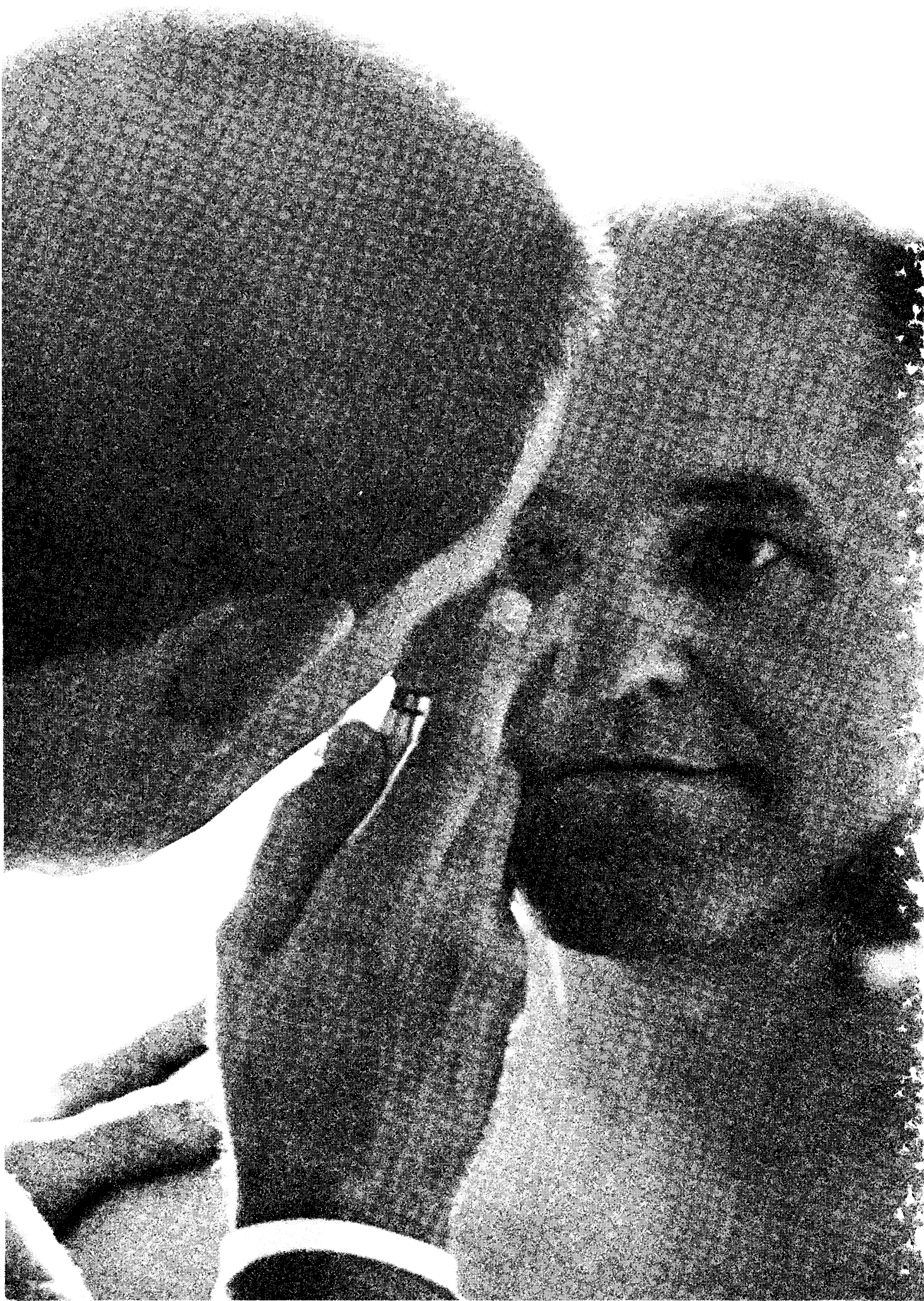
Dosage: One tablet in the morning, mid-afternoon and in the evening, if needed.

Triaminic®

Also available: For the occasional patient who requires only half dosage: timed-release TRIAMINIC JUVEX. Each Juveler is equivalent to 1/4 of a Triaminic Tablet.

For those patients who prefer liquid medication: TRIAMINIC SYRUP. Each 5 ml. sp. of this palatable syrup is equivalent to 1/4 of a Triaminic Tablet.

SMITH-DORSEY • a division of The Wander Company • Lincoln, Nebraska • Peterborough, Canada



The drug that lowered this
patient's blood pressure
*for the first time without
side effects* is now available
for your prescription...

Created by C I B A
World Leader in
Hypertension Research

Singoserp^{T.M.}
(syrosingopine CIBA)

here is the full story...

please turn

2/2635MB-1



a major improvement in rauwolfia a major advance in antihypertensive therapy

*Developed after three years of basic research, proved during one of the most extensive clinical trials in pharmaceutical history, here is what **Singoserp** can do:*

Patient P. K. was first seen with a blood pressure of 220/138 mm. Hg; he complained of headache, palpitation, nervous tension and hyperhidrosis.



Hospitalized briefly for observation and treatment, he was placed on a 4-Gm. sodium diet, plus chlorothiazide and mecamylamine regulated according to b.p. reading, which he was taught to take himself.



One month later his blood pressure was 140/104; he complained of dryness of mouth, chest pain, constipation and nocturia (twice a night). He was then started on Singoserp (0.5 mg. daily) with instructions to reduce the other medications to the extent possible, as evidenced by his b.p. readings.



After five months on Singoserp the patient's blood pressure ranged between 120/84 and 140/100. No mecamylamine was required; only $\frac{1}{3}$ the original dose of chlorothiazide was required. One month later, chlorothiazide was stopped and the patient was maintained on Singoserp alone, 1 mg. b.i.d. Favorable blood pressure response continues and patient feels well. Since taking Singoserp patient reports *no* chest pain, *no* mouth dryness, *no* other side effects.



Singoserp^{T.M.}

(syrosingopine CIBA)

*Solves the Side Effects Problem
in Most Hypertensive Patients*

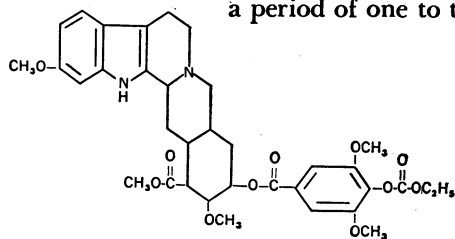
1. For new hypertensive patients Singoserp is the ideal antihypertensive drug for new patients because it lowers blood pressure without creating the side effects problem posed by conventional rauwolfia agents.

2. For hypertensive patients already undergoing drug treatment Singoserp, added to any antihypertensive regimen, makes it possible to maintain blood pressure levels achieved with more potent agents, while reducing their dosage requirements—or even eliminating them altogether in some cases.

Infrequent side effects. “The chief advantage of [Singoserp] over other Rauwolfia derivatives seems... to be the relative infrequency with which it produces disturbing side effects.”¹

Less sedation. “It [Singoserp] is approximately equipotent to reserpine as a hypotensive agent but is definitely less sedative or tranquilizing.”²

Depression relieved. “In those patients who had been depressed, [Singoserp] was substituted for other Rauwolfia preparations and within a period of one to two weeks this depression was relieved.”³



Created in the laboratory by altering the reserpine molecule so as to preserve its antihypertensive property and virtually eliminate its undesirable side actions.

Dosage: *In New Patients:* Average initial dose, 1 to 2 tablets (1 to 2 mg.) daily. Some patients may require and will tolerate 3 or more tablets daily. Maintenance dose will range from ½ to 3 tablets (0.5 mg. to 3 mg.) daily. When necessary for adequate control of blood pressure, more potent agents may be used adjunctively with Singoserp in doses below those required when they are used alone. *In Patients Taking Other Antihypertensive Medication:* Add 1 to 2 Singoserp tablets (1 to 2 mg.) daily. Dosage of other agents should be revised downward to a level affording maximal control of blood pressure and minimal side effects.

Supplied: Singoserp Tablets, 1 mg. (white, scored); bottles of 100.

References: 1. Herrmann, G. R., Vogelpohl, E. B., Hejtmancik, M. R., and Wright, J. C.: To be published. 2. Wolffe, J. B.: *Mod. Med.* 26:253 (Feb. 1) 1958. 3. Bartels, C. C.: To be published.

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conceals better
peels better
heals better

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ACNE *cream*

- conceals acne lesions with a skin harmony not achieved before — no medicated or mask-like look.
- anti-seborrheic, gently keratolytic, reduces excess oiliness without irritation. Combats secondary infection.
- markedly reduces comedones and pustules, helps speed healing as shown by recent studies.¹⁻²

Combines colloidal sulfur, resorcinol, zinc oxide and hexachlorophene in a flesh-tinted, quick-drying, cosmetically elegant and superior base. Pleasant to use, greaseless.

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1. Bleiberg, J.: J. Med. Soc. New Jersey, Aug. 1957.

2. Weissberg, G.: Clinical Medicine, Feb. 1958.

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...ideal for cleansing teen-agers' skin.

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EENT—WANT TO RETIRE. Once in a lifetime opportunity for ophthalmologist or otolaryngologist to take over my booming practice in one of the finest locations in Southern California. Established over 20 years. Will assist one or two competent men to take over \$90,000 practice and completely equipped modern medical building on long term lease. Telephone Hyatt 42-606 evenings, or The MAXWELL EENT CLINIC, 1718 North Main Street, Santa Ana, California.

WANTED: GENERAL PRACTITIONER for association with busy G.P., age 47, in town of 5,000, central California. Details of association open. Will guarantee \$1,000.00 per month to start. Fully accredited, open staff hospital with pathologist and radiologist. Box 94,500, California Medicine.

WANTED FOR ASSOCIATION in new medical building, general practitioner. Preferably two (2) year internship or few years experience. Interest obstetrics necessary. Prefer, but not essential AAGP member and common background of LDS church or Protestant affiliation. Beginning salary, if necessary. Northeast area Sacramento, California—mountains, ocean close by, outdoor activities excellent. Box 94,525, California Medicine.

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WANTED—GENERAL PRACTITIONERS to work with expanding group in new modern clinic and hospital located in Southern California. Guaranteed adequate salary. Box 94,600, California Medicine.

GENERAL PRACTITIONER of Spanish or Mexican descent to locate in largest thriving community in San Joaquin Valley, California. Large Mexican population, wonderful opportunity, new offices. Box 94,630, California Medicine.

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CALIFORNIA LICENSED PHYSICIAN SURGEONS WANTED: Contact us for registration forms and information on our many excellent opportunities in California. Outstanding openings in **GENERAL PRACTICE, INDUSTRIAL AND THE SPECIALTIES** . . . associations, assistantships, groups, locations for private practice in **NORTHERN, CENTRAL AND SOUTHERN CALIFORNIA.** **PACIFIC COAST MEDICAL BUREAU** agy., 703 Market Street, SAN FRANCISCO, or 510 West Sixth Street, LOS ANGELES.

INTERNIST, PEDIATRICIAN, AND OB-GYN, wanted to join new group just opened in South Los Angeles area. Exceptional opportunity for the right men. Partnership to start. Complete facilities in new modern building. Thriving new area. Miles Medical Group, 1661 East El Segundo Boulevard, Hawthorne, California.

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ORTHOPEDIST, Board qualified. For one-man department (grossing over \$100,000.00 per year) in large Los Angeles Clinic. Box 94,570, California Medicine.

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INTERNIST-DERMATOLOGIST: Board-eligible Internist. City hospital trained. Also the consulting Dermatologist at a University Medical School. Desires association with individuals or clinic group to practice BOTH Internal Medicine and Dermatology. Young. Family man. Military service completed. Available July 1, 1959. Box 94,470, California Medicine.

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(Continued in Back Advertising Section, Page 76)



JUST 1 TABLET DAILY

WHENEVER SULFAS ARE INDICATED



Sulfamethoxypyridazine Lederle

provides therapeutic sulfa levels for 24 hours... Highly soluble... rapidly absorbed... produces fast, sustained plasma-tissue concentrations. Simple, easy to remember, single 0.5 Gm. daily dose. No crystalluria. *

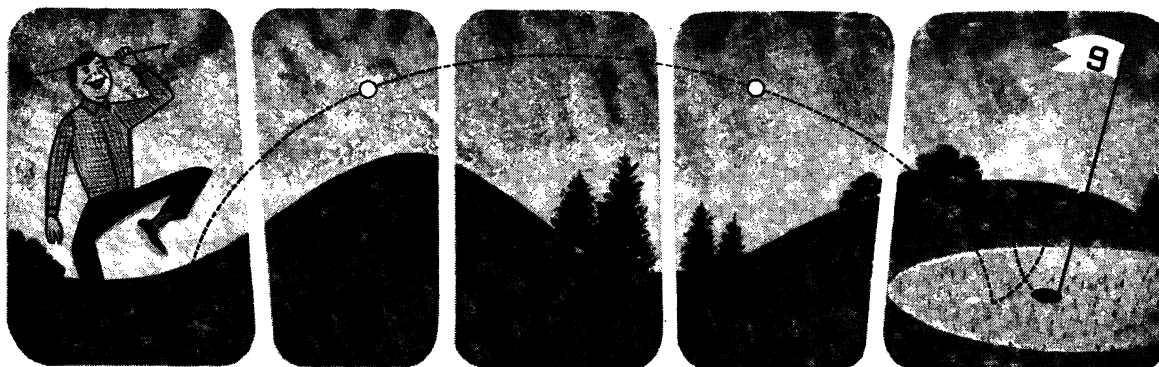
with low incidence of sensitivity reactions... Extremely low in toxic potential. ** No cutaneous or other objective reactions seen in a wide scale study of clinical toxicity. † Even minor subjective reactions are not expected to occur ‡ or are reported absent § when recommended schedule is used.

TABLETS, 0.5 Gm., bottles of 24 and 100. New ACETYL PEDIATRIC SUSPENSION, cherry flavored, 250 mg. sulfamethoxypyridazine activity per teaspoonful (5 cc.), bottles of 4 and 16 fl. oz.

1. Editorial: *New England J. Med.* 258:48, 1958.
2. Vinnicombe, J.: *Antibiotic Med. & Clin. Ther.* 5:474, 1958.
3. Sheth, U. K., et al.: *Ibid.*, p. 604, 1958.

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LEAVES NOTHING TO BE DESIRED

HYCOMINE[®] Syrup

THE COMPLETE Rx FOR COUGH CONTROL

cough sedative / antihistamine / expectorant

- relieves cough and related symptoms in 15-20 minutes
- effective for 6 hours or longer • promotes expectoration
- rarely constipates • cherry-flavored

Each teaspoonful (5 cc.) contains:

Hycodan[®]

Dihydrocodeinone Bitartrate	5 mg.	} 6.5 mg.
(Warning: May be habit-forming)		
Homatropine Methylbromide	1.5 mg.	

Pyrilamine Maleate 12.5 mg.

Ammonium Chloride 60 mg.

Sodium Citrate 85 mg.

Adult Dosage: one teaspoonful q. 6 h. May be habit-forming.
Federal law permits oral prescription.



Literature on request

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"... Well, I usually prescribe Rorer's Maalox. It's an excellent antacid, doesn't constipate and patients like its taste better."

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MAALOX® an efficient antacid suspension of magnesium-aluminum hydroxide gel.

Suspension: Bottles of 12 fluidounces

Tablets: 0.4 Gram, Bottles of 100

Samples on request

WILLIAM H. RORER, INC., Philadelphia 44, Pennsylvania

do you encounter Senear-Usher disease?

then you should know...

Beneficial results with METICORTEN have been reported† in patients with Senear-Usher disease. Extensive documentation in the literature demonstrates the unsurpassed therapeutic effectiveness of this established steroid in all corticosteroid-responsive disorders.

METICORTEN® (prednisone) is available as 1, 2.5 and 5 mg. white tablets.

*Senear-Usher disease—also called pemphigus erythematosus—is a dermatosis resembling pemphigus vulgaris involving mainly the head, face, and trunk. Whether common or rare, response to METICORTEN is excellent in most allergic and inflammatory skin diseases.

†Henington, V. M.; Kennedy, B., and Loria, P. R.: South. M. J. 51:577, 1958.

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we'll have that cold
whipped in no time"*



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*Combat Common Cold Symptoms
More Effectively...Faster!*

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CITRA FORTÉ (SYRUP)

CITRA CAPSULES

Promoted exclusively to
the physician... Avail-
able at all pharmacies.

Patients suffering from the common cold will soon be filling your reception room. Take the burden off your memory by using *just two* "cough and cold" products... both are easy-to-prescribe, medically accepted for their effectiveness.

R_x CITRA FORTÉ (SYRUP)

- DIHYDROCODEINONE GIVES IMMEDIATE COUGH CONTROL

Patients feel better in minutes, citrus flavor appeals to all ages. Increases expectoration...and antihistaminic action combats allergic side effects.

- 1 or 2 teaspoonfuls every 3 or 4 hrs.; children 6-12 yrs. — ½ adult dosage.

R_x CITRA CAPSULES

- FIGHTS SPREAD OF COLD AT ANY STAGE

Acts 5 ways as: decongestant, restores and preserves capillary integrity, antihistaminic, analgesic, and antipyretic.

- 1 or 2 capsules, 4 times daily; children 6-12 years, ½ adult dosage.

Each teaspoonful (5 cc) of CITRA FORTÉ SYRUP contains:
Dihydrocodeinone Bitartrate 5.0 mg.
(*may be habit forming)
Vitamin C (Ascorbic Acid) 30.0 mg.
Prophepyridamine Maleate 2.5 mg.
Pyrimamine Maleate 3.33 mg.
Potassium Citrate 150.0 mg.
(*Caution: Narcotic addiction)

Each CITRA CAPSULE provides:
Phenylephrine Hydrochloride 10.0 mg.
Vitamin C (Ascorbic Acid) 50.0 mg.
Prophepyridamine Maleate 6.25 mg.
Methapyrilone Hydrochloride 8.33 mg.
Pyrimamine Maleate 8.33 mg.
Salicylamide 227.0 mg.
Acetophenetidin 120.0 mg.
Caffeine Alkaloid 30.0 mg.

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PAIN
RELIEF**

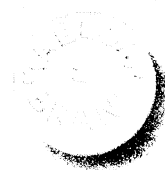
**'EMPIRIN'
COMPOUND[®]
CODEINE
PHOSPHATE^{*}**



gr. 1



gr. ½



gr. ¼



gr. ⅛

Formulas for dependable relief...

'CODEMPIRAL' NO. 3*



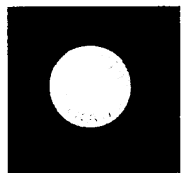
'CODEMPIRAL' NO. 2*



*...from pain of muscle and joint origin, simple headache, neuralgia,
and the symptoms of the common cold.*

'TABLOID'

'EMPIRIN' COMPOUND[®]



Acetophenetidin gr. 2½
Aspirin (Acetylsalicylic Acid) gr. 3½
Caffeine gr. ½

...from mild pain complicated by tension and restlessness.

'EMPIRAL'[®]

Phenobarbital gr. ¼
Acetophenetidin gr. 2½
Aspirin (Acetylsalicylic Acid) gr. 3½



**Subject to Federal Narcotic Regulations*



BURROUGHS WELLCOME & CO. (U.S.A.) INC., Tuckahoe, New York

in a form  to fit

every  antibiotic 

need  ...

ACHROMYCIN*

ACHROMYCIN Tetracycline

ACHROMYCIN V Tetracycline with Citric Acid Lederle

the most 

widely used 

useful...

antibiotic

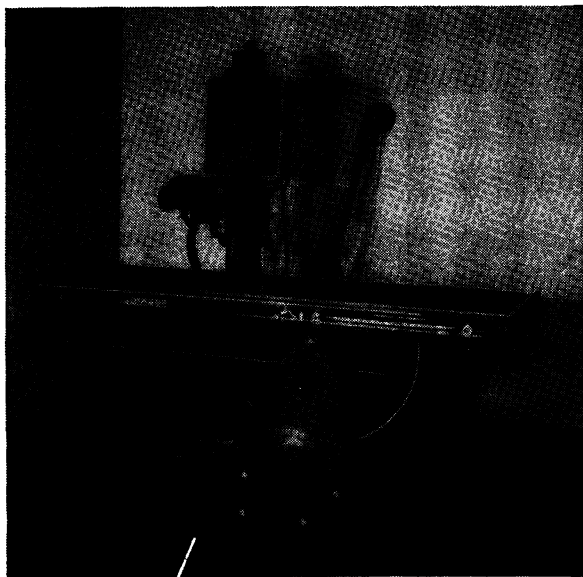
ACHROMYCIN V: Capsules • Pediatric Drops • Syrup

ACHROMYCIN: Capsules • Ear Solution 0.5% • Intramuscular • Intravenous • Nasal Suspension with Hydrocortisone and Phenylphrine
Ointment 3% • Ointment 3% with Hydrocortisone 2% • Ophthalmic Oil Suspension 1% • Ophthalmic Ointment 1% • Ophthalmic Ointment
1% with Hydrocortisone 1.5% • Ophthalmic Powder (Sterilized) • Oral Suspension • Pediatric Drops • PHARYNGETS® TROCHES
Soluble Tablets • SPERSOIDS® Dispersible Powder • Surgical Powder (Sterilized) • Syrup • Tablets • Topical Spray • Troches

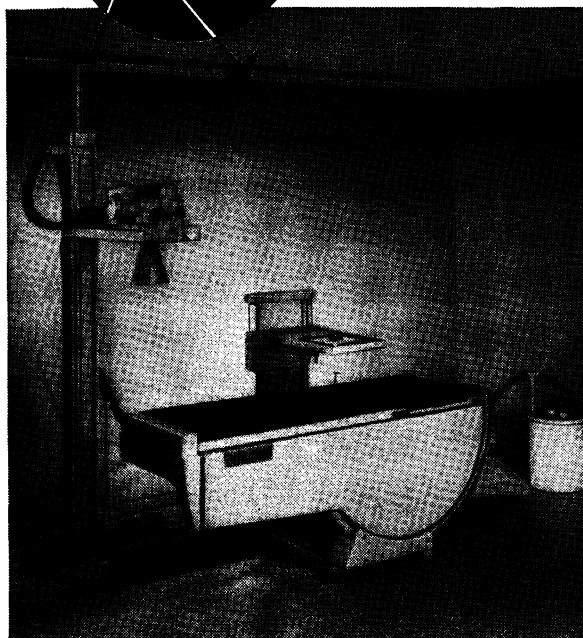
*Reg. U. S. Pat. Off.

LEDERLE LABORATORIES, a Division of **AMERICAN CYANAMID COMPANY**, Pearl River, New York





From
This
to This



All this for one monthly fee

- ✓ Enjoy the most modern x-ray facilities . . . avoid obsolescence losses
- ✓ No surprise "extras" — covers periodic inspection, maintenance, replacement tubes, parts
- ✓ Freedom to add or replace equipment as improvements appear
- ✓ G.E. pays for insurance . . . assumes problem of collecting for equipment damage
- ✓ G.E. pays local property taxes

without capital outlay

the difference is **Maxiservice®** rental

Here's the perfect answer for a cost-saving x-ray installation, easy to keep abreast of important new developments. G-E Maxiservice ties up *none* of your capital . . . eliminates trade-in losses — progress determines your time for exchange, not finances. In effect, you contract for *utility, convenience, flexibility and service*, not for just equipment.

For complete details, contact your G.E. X-Ray representative listed below.

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*for the first time
a definitive
treatment
for
onychomycosis*

WYNLIT Onycho-Phytex®

... a formulation specifically designed for mycotic nail infections ... offering an entirely new approach to the control of stubborn mycotic nail infections:

- BY SUPERIOR PENETRATION—into the nail as well as the stratum corneum of the surrounding soft tissue—by means of a new vehicle of organic solvents never before used in antifungal therapy.
- BY UNIQUE, MULTIPLE ANTIMYCOTIC EFFECT—through a recently developed, new chemical, borotannic complex, that provides a continuous acid environment unfavorable to growth and reproduction of fungi, a directly fungicidal tanning action, and sweat inhibition within the area treated.

FORMULA: each cc. contains

Borotannic Complex (Derived from: Tannic Acid—46 mg. Boric Acid—29 mg.)	75 mg.
Salicylic Acid	8 mg.
Ethyl Alcohol (by volume)	56%

ADMINISTRATION: Apply twice daily or more often, if necessary.

SUPPLIED: In bottles of 30 cc. with brush in cap—on prescription only.

DARWIN

Laboratories

MAIN OFFICE: 4800 District Boulevard
Los Angeles 58, California

Exactly how does new Halodrin* restore the “premenopausal prime” in postmenopausal women?

Webster defines “prime” as the period of greatest health, strength, and beauty. In a woman, these are the childbearing years between puberty and menopause—the years when her hormone production is highest.

The inevitable reduction in this hormone production as she enters the menopause often results in physical discomfort in the form of hot flushes, nervousness, insomnia, or a multiplicity of other symptoms with which you are familiar. Superimposed on this physical picture is the psychic trauma brought on by this unavoidable evidence of aging. The thing that brings her to a physician is simply that she “feels bad.”

You can't make her 35 again—but the odds are good that you can make her feel like it! The secret is a combination of reassurance and hormones. The exact form and amount of the former defy objective analysis, but the latter can now be provided with scientific precision. Reduced to essentials, here is the explanation of exactly how hormones—in the form of Upjohn's new Halodrin—restore the “premenopausal prime.”

The normal premenopausal woman **excretes** estrogens in the urine in the form of estradiol, estrone, and estriol, in an approximate 28-day average ratio of 39:15:46. Starting with this urinary excretion of estrogens, it is possible to calculate backwards and estimate the amount of estradiol that must have been secreted endogenously in order to produce these urinary levels. This is possible because the proportion of estrogens which appears in the urine following parenteral administration has been established in castrated women.

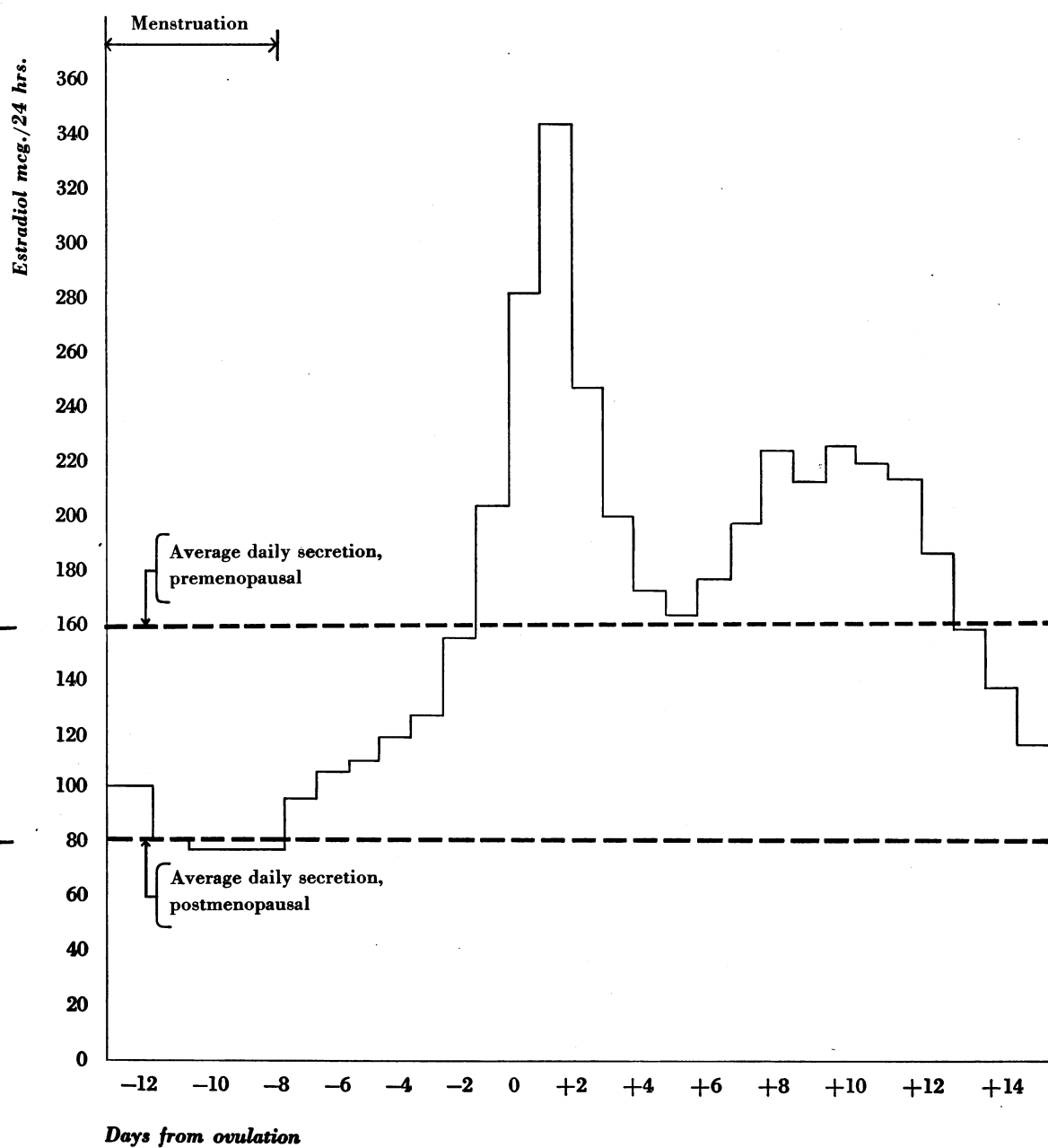
On this basis, the average endogenous output of estrogens is about 160 micrograms per day during a menstrual cycle, and 80 micrograms per day in postmenopausal women (see chart opposite). Therefore, the restoration of the “premenopausal prime” in the postmenopausal woman requires the replacement of approximately the equivalent of the 80 micrograms of estradiol per day that she no longer secretes endogenously.

Oral ethinyl estradiol is about 2 to 2½ times as potent as parenteral estradiol. Therefore, the replacement of 80 micrograms of endogenous estradiol production per day is accomplished by the oral administration of 32 to 40 micrograms of ethinyl estradiol per day.

Each Halodrin tablet contains 20 micrograms of ethinyl estradiol, which means that the recommended dosage of 2 tablets per day provides 40 micrograms of ethinyl estradiol. This offsets the loss of 80 micrograms of endogenous estradiol production in the menopausal woman; i.e., restores the “premenopausal prime.”

Each Halodrin tablet also contains 1 mg. of Upjohn-developed Halotestin* (fluoxymesterone)—the most potent oral androgen known. The primary purpose is to “buffer” the ethinyl estradiol just enough to prevent breakthrough bleeding, which is obviously undesirable in the menopause. It also exerts other beneficial hormonal effects, one of which, in common with ethinyl estradiol, is a powerful anabolic action so desirable in patients of advanced years.

Endogenous estrogen secretion (mcg./24 hours)
(calculated from average 24-hour urinary excretion
of estradiol, estrone, and estriol)



in
peptic
ulcer

stop
the
pain

start
the
repair

KOLANTYL with 4 needed healing actions

1. **vital antispasmodic action**—BENTYL—Merrell's fast, safe antispasmodic . . . relieves spasm-pain promptly, without atropine-like side effects. 2. **balanced acid-neutralizing action**—magnesium oxide and aluminum hydroxide—prompt, long-lasting relief . . . no laxation, no constipation. 3. **demulcent action**—Methylcellulose—soothing protective coating covers ulcerated area, promotes healing. 4. **antienzyme-antipepsin action**—Sodium Lauryl Sulfate—effectively curbs necrotic effects of pepsin and lysozyme . . . prevents

further erosion. **Dosage**—Gel: 2 to 4 teaspoonfuls every 3 hours, or as needed. Tablets: 2 tablets (chewed for more rapid action) every 3 hours, or as needed. **NON-CONSTIPATING . . . NON-LAXATING**

TRADEMARKS: "BENTYL," "KOLANTYL"



THE WM. S. MERRELL COMPANY
New York • CINCINNATI • St. Thomas, Ontario
Another Exclusive Product of Original Merrell Research

Formula: Each tablet or 10 cc. gel contains:

Bentyl (dicyclomine) Hydrochloride . . . 5 mg. / Aluminum Hydroxide Gel, Dried . . . 400 mg. / Magnesium Oxide, Heavy . . . 200 mg.
Sodium Lauryl Sulfate . . . 25 mg. / Methylcellulose . . . 100 mg.

Fostex[®] treats their acne while they wash



degreases the skin helps remove blackheads dries and peels the skin

...and this is how it works

Fostex provides essential actions necessary in treating acne. It washes off excess oil. It unblocks pores by penetrating and softening blackheads. It dries and peels the skin, removing papule coverings, thus permitting drainage of sebaceous glands.

Fostex contains Sebulytic[®],* a combination of surface-active wetting agents with remarkable antiseborrheic, keratolytic and antibacterial actions... enhanced by sulfur 2%, salicylic acid 2%, hexachlorophene 1%.

*sodium lauryl sulfoacetate, sodium alkyl aryl polyether sulfonate and sodium dioctyl sulfosuccinate.

Your patients will like Fostex because it is so simple to use. They simply wash acne skin 2 to 4 times a day with Fostex, instead of using soap.



FOSTEX CREAM

... in 4.5 oz. jars. For therapeutic washing in the initial phase of oily acne treatment.

Write for samples.



FOSTEX CAKE

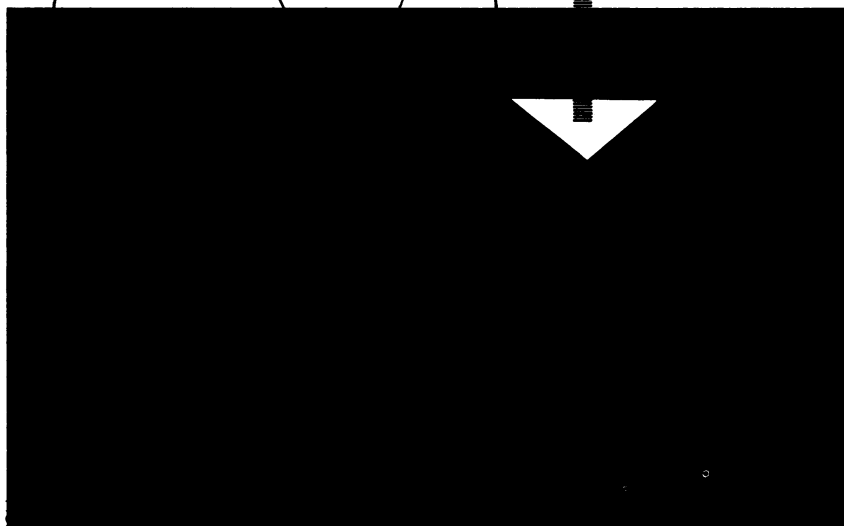
... in bar form. For therapeutic washing to keep the skin dry and free of blackheads during maintenance therapy. Also used in relatively less oily acne.

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the
dry
hacking
cough*



allergic

SWELLING

(PARABROMDYLAMINE MALEATE) Dimetane® works

For your next patient with allergic swelling, itching or respiratory congestion associated with urticaria, Rx DIMETANE Extentabs® (12 mg.), Tablets (4 mg.), Elixir (2 mg./5 cc.) new DIMETANE-TEN Injectable (10 mg./cc.) or new DIMETANE-100 Injectable (100 mg./cc.).
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Tao
(thiacetylsalicylic acid)
Capsules / Oral Suspension

PRONOUNCED TAY-O

* designed for superior control of common Gram-positive infections



in the patient:

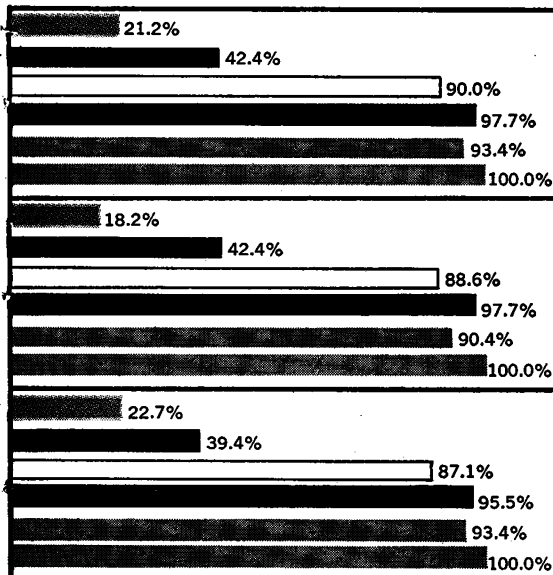
95% effective in published cases¹⁻⁸

Conditions treated	No. of Patients
ALL INFECTIONS	558
Respiratory infections	258
Pharyngitis and/or tonsillitis	65
Pneumonia	90
Infectious asthma	44
Otitis media	31
Other respiratory (bronchitis, bronchiolitis, bronchiectasis, pneumonitis, laryngotracheitis, strep throat)	28
Skin and soft tissue infections	230
Infected wounds, incisions and lacerations	41
Abscesses	51
Furunculosis	58
Acne, pustular	43
Pyoderma	19
Other skin and soft tissue (infected burns, cellulitis, impetigo, ulcers, others)	18
Genitourinary infections	28
Acute pyelitis and cystitis	10
Urethritis with gonorrhea or cystitis	8
Pyelonephritis	4
Salpingitis	5
Pelvic inflammation with endometriosis	1
Miscellaneous	42
(adenitis, enteritis, enterocolitis, subacute bacterial endocarditis, fever, hematoma, staphylococcus carriers, osteomyelitis, tenosynovitis, septic arthritis, acute bursitis, peri-arthritis)	

in the laboratory:

over 90% effective
against resistant staph

COMPARATIVE TESTS BY THREE METHODS
(DISC, TUBE DILUTION, CYLINDER PLATE)
ON 130 STAPHYLOCOCCI*



Antibiotic A 2-10 units Tao 2-15 mcg.
Antibiotic B 5-30 mcg. Antibiotic D 2-15 mcg.
Antibiotic C 5-30 mcg. Antibiotic E 5-30 mcg.

*Percentage of organisms inhibited by the range of concentrations listed for each antibiotic.

Other Tao advantages:

- Rapidly absorbed—stable in gastric acid,* TAO needs no retarding protective coating
- Low in toxicity—freedom from side effects in 96% of patients treated; cessation of therapy is rarely required
- Highly palatable—"practically tasteless"† active ingredient in a pleasant cherry-flavored medium.

Dosage and Administration: Dosage varies according to the severity of the infection. For adults, the average dose is 250 mg. q.i.d. to 500 mg. q.i.d. In more severe infections. For children 8 months to 8 years, a daily dose of approximately 30 mg./kg. body weight in divided doses has been found effective. Since TAO is therapeutically stable in gastric acid, it may be administered without regard to meals.

Supplied: TAO Capsules—250 mg. and 125 mg., bottles of 60. TAO for Oral Suspension—1.5 Gm., 125 mg. per teaspoonful (5 cc.) when reconstituted, unusually palatable cherry flavor; 2 oz. bottle.

References: 1. Koch, R., and Asay, L. D. J. Pediatr. in press. 2. Leming, B. H., Jr., et al., Paper presented at the Symposium on Antibiotics, Washington, D. C., Oct. 15-17, 1958. 3. Maffman, et al., Paper presented at the Symposium on Antibiotics, Washington, D. C., Oct. 15-17, 1958. 4. Olaneky, S., and McCormick, G. C., Jr., Paper presented at the Symposium on Antibiotics, Washington, D. C., Oct. 15-17, 1958. 5. Shubin, H., et al., Antibiotics Annual 1957-1958, New York, N. Y., Medical Encyclopedia, Inc., 1958, p. 679. 6. Isenberg, H., and Karolitz, S., Paper presented at the Symposium on Antibiotics, Washington, D. C., Oct. 15-17, 1958. 7. Wennersten, J. R., Antibiotic Med. & Clin. Therapy 5:227 (Aug.) 1958. 8. Kaplan, M. A., and Goldin, M., Paper presented at the Symposium on Antibiotics, Washington, D. C., Oct. 15-17, 1958. 9. Truant, J. P., Paper presented at the Symposium on Antibiotics, Washington, D. C., Oct. 15-17, 1958.

Tao dosage forms— for specific clinical situations

Tao Pediatric Drops

For children—flavorful, easy to administer.

Supplied: When reconstituted, 100 mg. per cc. Special calibrated droppers—5 drops (approx. 25 mg. of TAO) and 10 drops (approx. 50 mg. of TAO). 10 cc. bottle.

TAO-AC (Tao analgesic, antitussive compound)

To eradicate pain and physical discomfort in respiratory disorders.

Supplied: In bottles of 36 capsules.

TAOMID® (Tao with triple sulfas)

For dual control of Gram-positive and Gram-negative infections.

Supplied: Tablets, bottles of 60. Oral Suspension, bottles of 60 cc.

Intramuscular or Intravenous

For direct action—in clinical emergencies.

Supplied: In 10 cc. vials.

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Division, Chas. Pfizer & Co., Inc.
Science for the World's Well-Being

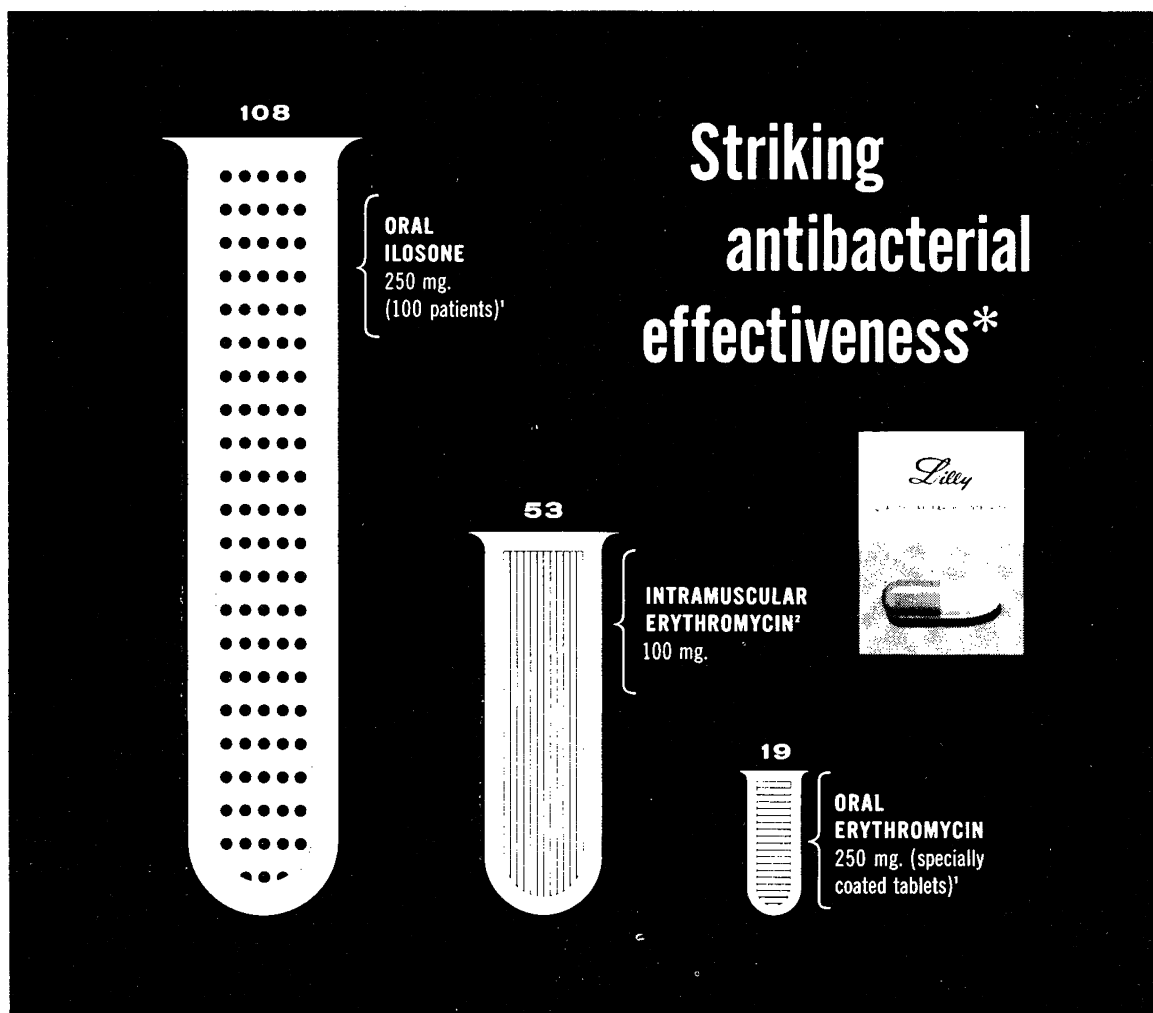
TAOMID: Each tablet contains Tao Triacetyloleandomycin 75 mg., Sulfadiazine 111 mg., Sulfamerazine 111 mg., Sulfamethazine 111 mg. Each tsp. (5 cc.) contains Tao Triacetyloleandomycin 125 mg., Sulfadiazine 167 mg., Sulfamerazine 167 mg., Sulfamethazine 167 mg.

TAO-AC: Each capsule contains Tao Triacetyloleandomycin 125 mg., Phenacetin 120 mg., Caffeine 30 mg., Salicylamide 150 mg., Buclizine Hydrochloride 15 mg.



GERALIN-the  one-capsule-daily comprehensive dietary supplement: for older patients at a savings they'll appreciate! vitamins...minerals...lipotropics...amino acids...bioflavonoids

One Geralin capsule contains: Vitamin A, 5,000 U.S.P. Units; Vitamin D, 500 U.S.P. Units; Thiamine Mononitrate, 5 mg.; Riboflavin, 2.5 mg.; Niacin, 15 mg.; Ascorbic Acid, 50 mg.; Pyridoxine HCl, .5 mg.; Calcium Pantothenate, 5 mg.; Folic Acid, .1 mg.; Vitamin E (from d-alpha Tocopheryl Acetate Conc.), 5 I.U.; Vitamin B₁₂, 2 mcg.; Intrinsic Factor Conc. (with Vitamin B₁₂), .1 Unit; Calcium (as CaHPO₄), 135 mg.; Phosphorus (as CaHPO₄), 105 mg.; Iron (as FeSO₄), 10 mg.; Cobalt (as CoSO₄), .05 mg.; Copper (as CuSO₄), .1 mg.; Zinc (as ZnSO₄), .1 mg.; Manganese (as MnSO₄), .1 mg.; Molybdenum (as Na₂MoO₄), .1 mg.; Magnesium (as MgSO₄), .25 mg.; Potassium (as K₂SO₄), 5 mg.; Iodine (as KI), .2 mg.; Fluorine (as NaF), .025 mg.; Choline Bitartrate, .50 mg.; Inositol, 12.5 mg.; Liver, whole, desic., 12.5 mg.; L-Glutamic Acid, 50 mg.; L-Lysine, 25 mg.; Citrus Bioflavonoids Complex, 25 mg.



ILOSONE™ assures a more decisive clinical response
in almost every common bacterial infection

(erythromycin ester, Lilly) as the propionate

Ilosone provides more potent, longer-lasting therapeutic levels in the serum within minutes after administration. A fast, decisive response is assured in almost every common bacterial infection.

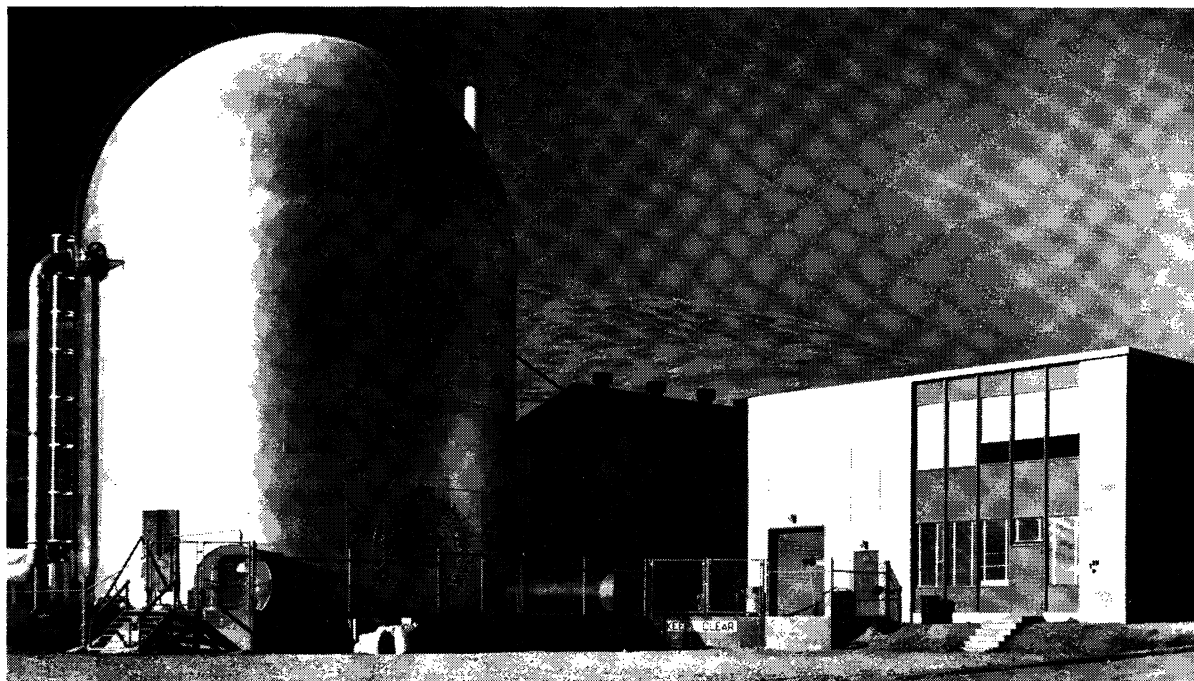
Usual adult dosage is one or two 250-mg. Pulvules® every six hours, according to severity of infection. For optimum effect, administer on an empty stomach. (A 125-mg. pediatric Pulvule is also available.) In bottles of 24.

*Shown by *how many times* the serum can be diluted two hours after administration of the antibiotic and still inhibit identical pathogenic strains of bacteria. This is the *Tube Dilution Technique*, which is regarded by leading authorities as the most meaningful method of comparing different antibiotics. It shows not merely the level of antibiotic in the blood but the actual antibacterial effectiveness of that level.

1. Griffith, R. S., *et al.*: Antibiotic Med. & Clin. Therapy, 5:609 (October), 1958. Note: Peak levels with the oral erythromycin tablets (thirty-three dilutions) were not observed until four hours after administration. 2. Data from Griffith, R. S.: Antibiotics Annual, p. 269, 1954-1955.

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932521



1959 ANNUAL SESSION HIGHLIGHT

VALLECITOS ATOMIC LABORATORY TOUR

Tuesday, February 24, 1959

The second general meeting of the CMA 1959 Annual Session will be given over to a fascinating tour through the nation's largest privately financed atomic research facility. You will see General Electric Company's Vallecitos Boiling Water Reactor doing constructive, peace-time work. The reactor is being used with the Pacific

Gas and Electric Company to generate electrical energy—for sale. Here is an opportunity to become better acquainted with one of the marvels of our time. A lecturer will explain what you see as the tour progresses, and will answer your questions. Luncheon at the Old Hearst Ranch and bus fare are included in the price of the tour.

LUNCHEON SPEAKERS:

Mr. NORMAN R. SUTHERLAND, *President, Pacific Gas and Electric Company*
 Dr. RALPH D. BENNETT, *Manager, Vallecitos Atomic Laboratory*

YES! I want to tour the Atomic Laboratory. Send me _____ tickets. My check for \$_____ (\$5 per ticket) is attached.

Name _____

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ADVANCE TICKET SALES TO CMA MEMBERS ONLY

POSTGRADUATE EDUCATION NOTICES

THIS BULLETIN of the dates of postgraduate education programs and the meetings of various medical organizations in California is supplied by the Committee on Postgraduate Activities of the California Medical Association. In order that they may be listed here, please send communications relating to your future medical or surgical programs to: Mrs. Margaret H. Griffith, Director, Postgraduate Activities, California Medical Association, 2975 Wilshire Boulevard, Los Angeles 5.

UNIVERSITY OF CALIFORNIA AT LOS ANGELES

Physiological and Clinical Consideration of:

Kidney. Wednesday, January 21, 1959. Six hours.†

Nervous System. Wednesday, February 4, 1959. Six hours.†

Preventive Psychiatry in Pediatric Practice. Mondays, January 19 through March 23, 1959. Twenty hours. Fee: \$100.00.

The Kidney. Wednesday, January 21, 1959. Six hours. Fee: \$20.00.

Allergies. Friday and Saturday, January 23 and 24, 1959. Seven hours. Fee: \$55.00 (including dinner).

Photography in Medical Practice and Research. Tuesdays, January 27 through April 21, 1959. Twenty-four hours. Fee: \$35.00.

The Nervous System. Wednesday, February 4, 1959. Six hours. Fee: \$20.00.

Advanced Electrocardiography. Mondays, February 9 to March 23. Twelve hours. Fee: \$50.00.

Medical Terminology: Intermediate (Section II). Tuesdays, February 10 through June 16, 1959. Forty-five hours. Fee: \$35.00.

Medical Terminology: Intermediate (Section I). Thursdays, February 12 through June 18, 1959. Forty-five hours. Fee: \$35.00.

Medical Shorthand. Thursdays, February 12 through June 18, 1959. Forty-five hours. Fee: \$35.00.

Principles in Veterinary Surgery. Thursday, February 12 through March 26. Sixteen hours. Fee: \$70.00.

Management of Surgical Emergencies. Friday, February 13, 1959. Six hours. Fee: \$45.00 (includes dinner).

Management of Medical Emergencies. Saturday, February 14, 1959. Six hours. Fee: \$20.00.

Medical Terminology for Medical Center Personnel. Tuesdays and Thursdays, February 24 through May 28, 1959. Twenty-six hours. Fee: \$8.00.

Research in Nursing. Tuesdays, March 3 through June 9, 1959. Thirty hours. Fee: \$25.00.

Medical Mycology for Laboratory Technologists. Wednesdays, March 4 through April 22, 1959. Twenty-four hours. Fee: \$50.00.

Ear, Nose and Throat. Friday and Saturday, March 13 and 14, 1959. Six hours.*

†Fee: \$20.00 each.

Diagnostic Radiology. Friday and Saturday, March 20 and 21, 1959. Twelve hours. Fee: \$55.00 (includes lunch).

Management of Sports Injuries. Wednesday and Thursday, March 25 and 26, 1959. Six hours. Fee: \$10.00.

Steroids. Friday and Saturday, April 3 and 4, 1959. Six hours. Fee: \$12.50.

Current Developments in Nutrition (Arrowhead). Friday, Saturday and Sunday, April 24, 25 and 26, 1959. Ten hours. Fee: \$50.00 (includes board and room).

Clinical Laboratory Techniques. Thursday, Friday and Saturday, May 21, 22 and 23. Nine hours.*

Clinical Traineeships—Anesthesia. Dates by arrangement. Minimum period—two weeks. Fee: Two weeks, \$150.00; four weeks, \$250.00.

Contact: Thomas H. Sternberg, M.D., Assistant Dean for Postgraduate Medical Education, U.C.L.A., Los Angeles 24. BRadshaw 2-8911, Ext. 7114.

UNIVERSITY OF CALIFORNIA, SAN FRANCISCO

Advances in Public Health Nursing. Thursday Evenings, January 15 to March 5. Sixteen hours. Fee: \$15.00.

Postgraduate Clinics in Dermatology. Friday and Saturday, January 16 and 17. Fourteen hours. Fee: \$40.00.

Anesthesiology for Part Time Anesthetists. Thursday and Friday, January 22 and 23, 1959. Fourteen hours. Fee: \$40.00.

Adolescents (Children's Hospital). Saturday, January 24. Seven hours. Fee: \$12.50.

Pharmacologic Approach to the Study of the Mind. Sunday through Tuesday, January 25 through 27, 1959. Twenty-one hours. Fee: \$40.00.

Course for Physicians in General Practice (Mount Zion Hospital). Monday through Thursday, February 2 through February 5. Thirty-six hours. Fee: \$70.00.

Advances in Psychiatric Nursing. Thursday evenings, March 12 through April 30. Sixteen hours. Fee: \$15.00.

Diagnostic Radiology. Friday through Tuesday, March 20 through March 24. Thirty-five hours. Fee: \$80.00.

Immunization (Children's Hospital). Saturday, March 21, 1959. Seven hours.*

Enzymes—Basic and Clinical Aspects. Thursday, Friday and Saturday, April 2, 3 and 4, 1959. Twenty-one hours.*

Nursing in Rehabilitation. Monday to Friday, April 27 through May 15, 1959. One hundred and five hours. No fee.

Ear-Nose-Throat. Friday and Saturday, May 15 and 16, 1959. Fourteen hours. Fee: \$40.00.

Fundamental Practices of Radioactivity and the Diagnostic and Therapeutic Uses of Radioisotopes. Two or three month course limited to one enrollee per month. Fee: \$350.00.

Contact: Seymour M. Farber, M.D., Head, Continuing Medical Education, University of California Medical Center, San Francisco 22. MOntrorse 4-3600, Ext. 665.

*Fees to be announced.

STANFORD UNIVERSITY SCHOOL OF MEDICINE

Morning Clinical Conferences, each Monday, Room 515. *Contact*: D. H. Pischel, M.D., Professor, Division of Ophthalmology, Stanford University School of Medicine, 2398 Sacramento St., San Francisco 15.

Symposium on Adrenal Steroids, Friday and Saturday, March 27 and 28. Twelve hours.

UNIVERSITY OF SOUTHERN CALIFORNIA, LOS ANGELES

Cardiac Resuscitation. Sponsored by the Los Angeles County Heart Association each Wednesday throughout the year, 4 to 6 p.m., USC Medical Research Building, Room 211, 2025 Zonal Avenue. Residents and interns of Los Angeles County, and all armed forces medical personnel admitted without fee. Tuition for all other physicians \$30.00. (Each session all-inclusive.)

Basic Home Course in Electrocardiography. One year postgraduate series, electrocardiogram interpretation by mail. Physicians may register at any time and receive all 52 issues. Fifty-two weeks. Fee: \$100.00.

Advance Home Course in Electrocardiography. One year postgraduate series, electrocardiogram interpretation by mail. Fifty-two issues: \$85.00. Physicians may register at any time.

Fluid and Electrolyte Balance. March 20 through 22, 1959. Hotel Statler, Los Angeles. In addition to introductory lectures, there will be supervised practice on cases which demonstrate electrolyte and water imbalance. Tuition: \$75.00.

SPECIAL ANNOUNCEMENT: Last summer a postgraduate refresher course held in Hawaii was so successful that the USC School of Medicine will offer another refresher course in Hawaii and on board the S.S. *Lurline* from July 29 to August 14, 1959. (As a time and money saver, round trip air travel is also possible July 29 to August 10, 1959.)

Contact: Phil R. Manning, M.D., Director, Postgraduate Division, University of Southern California School of Medicine, 2025 Zonal Avenue, Los Angeles 33. CApital 5-1511.

COLLEGE OF MEDICAL EVANGELISTS

GENERAL SURGERY AND SURGICAL SPECIALTIES. Full-Time Basic Science Course. Accredited by the American Board of Surgery.

Surgical Anatomy—Head and Neck (14 periods, 63 hours), April 22 through June 3, 1959. Tuition: \$75.00.

Surgical Anatomy—Head and Neck (12 periods, 24 hours), April 22 through June 3, 1959. Tuition: \$35.00.

1959 Alumni Postgraduate Convention. Refresher Courses, March 8 and 9 at 1720 Brooklyn Avenue; Scientific Assembly, March 10, 11 and 12 at Biltmore Hotel. *Contact*: Walter Crawford, executive secretary, 316 North Bailey Street, Los Angeles 33.

Each Six Months. Anesthesiology (6 months, full-time). Vacancy occurs each six months. Limited to 2 students. Tuition: \$350.00.

For information contact: Chairman: Committee on Postgraduate Medicine, College of Medical Evangelists, 1720 Brooklyn Ave., Los Angeles 33.

CALIFORNIA MEDICAL ASSOCIATION POSTGRADUATE COURSES

ANNUAL SESSION POSTGRADUATE COURSES

BY STANFORD UNIVERSITY SCHOOL OF MEDICINE:

Ophthalmology. 4 hours. Saturday, February 21, 9:00 a.m. to 1:00 p.m. at Stanford University Hospital.

Neurology for Physicians. 12 hours. Saturday and Sunday, February 21 and 22, 9:00 a.m. to 12 noon and 1:00 p.m. to 4:00 p.m. at Stanford University Hospital.

Treatment of Hernia. 9 hours. Sunday, Monday and Tuesday, February 22, 23 and 24, 9:00 a.m. to 12 noon at Stanford University Hospital.

BY UNIVERSITY OF CALIFORNIA SCHOOL OF MEDICINE:

Medicine in the Jet and Space Age. 7 hours. Sunday, February 22, 9:00 a.m. to 12:30 p.m. and 1:30 p.m. to 5:00 p.m. at University of California Medical Center.

Family Endocrinology. 9½ hours. Sunday, February 22, 9:00 a.m. to 12:30 p.m. and 2:00 p.m. to 5:00 p.m. Monday, February 23, 9:00 to 12 noon at University of California Medical Center.

POSTGRADUATE INSTITUTES—1959

SAN JOAQUIN VALLEY COUNTIES in cooperation with College of Medical Evangelists, March 19 and 20, Hotel California, Fresno. Chairman: Owen Steinbach, M.D., 3004 Fresno St., Fresno.

SOUTHERN COUNTIES in cooperation with University of California, San Francisco, April 23 and 24, Disneyland. Chairman: E. F. Cain, M.D., 200 N. Palm, Anaheim.

WEST COAST COUNTIES in cooperation with Stanford University School of Medicine, May 14 and 15, La Playa Hotel and Golden Bough Theater, Carmel. Chairman: Chester G. Moore, Jr., M.D., 440 E. Romie Lane, Salinas.

NORTH COAST COUNTIES in cooperation with UCLA School of Medicine, June 5 and 6, Hoberg's Ranch, Lake County. Chairman: Lee Zieber, M.D., 1177 Montgomery Dr., Santa Rosa.

SACRAMENTO VALLEY COUNTIES in cooperation with University of Southern California School of Medicine, June 25 and 26, Tahoe Tavern, Lake Tahoe. Chairman: Robert H. Quillinan, M.D., 616 Alhambra Blvd., Sacramento.

Contact: One of the chairmen listed above, or Postgraduate Activities Office, California Medical Association, 2975 Wilshire Boulevard, Los Angeles 5.

AUDIO DIGEST FOUNDATION, a nonprofit subsidiary of the C.M.A., now offers (on a subscription basis) a series of hour-long tape recordings designed to keep the physician abreast of current happenings in his particular field. Composed of practice-useful abstracts from 600 leading journals, with short lectures and editorial comments from prominent physicians, Audio Digest offers programs covering general practice, surgery, internal medicine, obstetrics and gynecology, and pediatrics.

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Medical Dates Bulletin

JANUARY MEETINGS

SOUTHERN CALIFORNIA CHAPTER, AMERICAN COLLEGE OF SURGEONS Annual Meeting, January 16 through January 18, Coronado Hotel, Coronado. *Contact:* Max R. Gaspar, M.D., secretary-treasurer, 211 Cherry Avenue, Long Beach 2.

LOS ANGELES SOCIETY OF ALLERGY Meeting, Los Angeles County Medical Association Headquarters, January 20, 1959, 8:00 p.m. *Contact:* Isadore Pitesky, M.D., Secretary, 2401 Atlantic Avenue, Long Beach 6.

LONG BEACH HEART ASSOCIATION, TUBERCULOSIS ASSOCIATION AND CANCER SOCIETY, Medical Institute on Cancer and Diseases of Heart, Chest and Lungs, January 21, 1:30 p.m., Lafayette Hotel, Long Beach. *Contact:* Raymond W. Kelso, Jr., M.D., Chairman, 117 E. 8th Street, Long Beach, HE 2-7971.

CANCER COMMISSION, CALIFORNIA MEDICAL ASSOCIATION Cancer Conference for TULARE COUNTY MEDICAL SOCIETY. January 22, Tulare.*

FRESNO COUNTY HEART ASSOCIATION, Seventh Annual Central California Cardiovascular Symposium, January 24, 8:00 a.m. to 5:30 p.m., Fresno Memorial Auditorium, Fresno. *Contact:* Robert W. Potter, M.D., Chairman, Scientific Committee, 329 North Van Ness, Fresno 1.

ORANGE COUNTY HEART ASSOCIATION, Annual Symposium on Heart Disease, all day January 24, Disneyland Hotel, Anaheim (Gourmet Restaurant). *Contact:* Howard G. Buswell, Executive Director, P. O. Box 1704, Santa Ana.

WESTERN SOCIETY FOR CLINICAL RESEARCH, January 29 through January 31, Carmel. *Contact:* William N. Valentine, M.D., secretary, U.C.L.A. Medical Center, Los Angeles 24.

FEBRUARY MEETINGS

CONTRA COSTA COUNTY HEART ASSOCIATION Sixth Annual Postgraduate Course for Physicians, Mondays, February 2 through April 13, 8:00-10:00 p.m., Contra Costa County Hospital, Martinez. *Contact:* Mrs. Loyse Casebolt, Executive Director, 2030 N. Main Street, Walnut Creek.

BUTTE-GLENN COUNTIES HEART ASSOCIATION Cardiovascular Disease Symposium. February 4, 8:30 a.m. to 5:00 p.m., Elk's Club Lodge, Chico. *Contact:* Nathan C. Hanson, Executive Secretary, 310 Main Street, Chico.

ANESTHESIA SECTION, LOS ANGELES COUNTY MEDICAL ASSOCIATION, 4th Annual Postgraduate Session. February 7 and 8, Los Angeles County Medical Building. *Contact:* Thomas W. McIntosh, M.D., 686 E. Union Street, Pasadena.

AMERICAN COLLEGE OF PHYSICIANS, Southern California Region, Annual Meeting. February 7 and 8, El Mirador Hotel, Palm Springs. Western dinner and entertainment on Friday evening. *Contact:* George C. Griffith, M.D., 1136 W. 6th Street, Los Angeles 17.

Forum, sponsored by LOS ANGELES OBSTETRICS AND GYNECOLOGY SOCIETY, for the younger specialists and residents. February 7 and 8, Ambassador Hotel, Los Angeles. *Contact:* Kenneth F. Morgan, M.D., 2010 Wilshire Blvd., Los Angeles 57.

OBSTETRICAL AND GYNECOLOGICAL ASSEMBLY OF SOUTHERN CALIFORNIA announces its 14th Annual series of lectures. February 9 through 13, Ambassador Hotel, Los Angeles. For information write P.O. Box 57118, Flint Station, Los Angeles 57.

CANCER COMMISSION, CALIFORNIA MEDICAL ASSOCIATION Cancer Conference for KINGS COUNTY MEDICAL SOCIETY. February 12, Hanford.*

ALAMEDA-CONTRA COSTA MEDICAL ASSOCIATION and the INSTITUTE FOR METABOLIC RESEARCH Seventh Annual Symposium on Metabolic Problems. All day, February 16 through February 18, 1959. Auditorium, Highland-Alameda County Hospital, Oakland, California. *Contact:* L. W. Kinsell, M.D., director, Institute for Metabolic Research, 2701 14th Avenue, Oakland 6.

AMERICAN COLLEGE OF CHEST PHYSICIANS Fourth Annual Postgraduate Course on Diseases of the Chest, February 16 through February 20, 1959. Sir Francis Drake Hotel, San Francisco, California. *Contact:* Executive director, American College of Chest Physicians, 112 East Chestnut Street, Chicago 11, Illinois.

CALIFORNIA MEDICAL ASSOCIATION Annual Meeting, February 22 through February 25, 1959, Sheraton-Palace Hotel, San Francisco. *Contact:* John Hunton, executive secretary, 450 Sutter Street, San Francisco 8; or Ed Clancy, director of Public Relations, 2975 Wilshire Blvd., Los Angeles 5.

CANCER COMMISSION, CALIFORNIA MEDICAL ASSOCIATION Cancer Conference for MENDOCINO-LAKE COUNTIES MEDICAL SOCIETY. February 26, Ukiah.*

MARCH MEETINGS

AMERICAN COLLEGE OF ALLERGISTS, March 15 through March 20, Fairmont Hotel, San Francisco. *Contact:* M. Coleman Harris, M.D., Secretary, 450 Sutter St., San Francisco 8.

PIONEERS MEMORIAL HOSPITAL 9th Annual Postgraduate Medical and Surgical Convention. March 20 and 21, University of Colorado Medical School. *Contact:* George Jaquith, M.D., Secretary, Route 1, Box 70, Brawley, Calif.

AMERICAN ORTHOPSYCHIATRIC ASSOCIATION 36th Annual Meeting, March 30 through April 1, Sheraton-Palace Hotel, San Francisco. *Contact:* Donald Shaskan, M.D., chairman, Arrangements Committee, Veterans Administration, 49 Fourth St., San Francisco 3.

APRIL MEETINGS

AMERICAN GROUP PSYTHOTHERAPY ASSOCIATION 5th Annual Western Regional Meeting. April 2 and 3, Sheraton-Palace Hotel, San Francisco. 9:00 a.m. to 5:00 p.m. each day. *Contact:* H. S. Morgenstern, M.D., Langley-Porter Clinic, University of California Medical Center, San Francisco 22.

*Contact: Walter E. Batchelder, M.D., Medical Director, C.M.A. Cancer Commission, 450 Sutter Street, San Francisco 8.

CALIFORNIA TUBERCULOSIS AND HEALTH ASSOCIATION and CALIFORNIA TRUDEAU SOCIETY Annual Meeting, April 2 through 4, Villa Motor Hotel, San Mateo. *Contact:* Mrs. Mary C. French, 130 Hayes Street, San Francisco.

AMERICAN ACADEMY OF GENERAL PRACTICE. April 6 through 9, San Francisco. *Contact:* Mr. M. F. Cahal, Executive Secretary, Volker Blvd. at Brookside, Kansas City 12, Missouri.

LOS ANGELES COUNTY HEART ASSOCIATION Workshop on Work Simplification Techniques for Physicians, Nurses, Occupational Therapists, Physical Therapists, Dietitians, Social Workers. April 7, 1959, Southern California Gas Co., 810 South Flower Street, Los Angeles, 9 a.m. to 4:30 p.m. *Contact:* Rea M. Schneider, M.D., Chairman, Heart of the Home Subcommittee, 660 S. Western Avenue, Los Angeles 5.

AMERICAN ACADEMY OF PEDIATRICS Spring Meeting, April 13 to April 16, 1959, Sheraton-Palace Hotel, San Francisco. *Contact:* Charles H. Cutler, M.D., state chairman, Northern California Chapter, 2615 I Street, Sacramento.

AMERICAN ACADEMY OF NEUROLOGY. April 13 through 18, Statler Hotel, Los Angeles. *Contact:* Joseph M. Foley, M.D., Boston City Hospital, Boston, Secretary.

CANCER COMMISSION, CALIFORNIA MEDICAL ASSOCIATION Cancer Conference for VENTURA COUNTY MEDICAL SOCIETY. April 14, Oxnard.*

AMERICAN SURGICAL ASSOCIATION. April 15 through 17, Fairmont Hotel, San Francisco. *Contact:* W. A. Altemeier, M.D., Secretary, Cincinnati General Hospital, Cincinnati 29.

AMERICAN SOCIETY OF INTERNAL MEDICINE 3rd Annual Meeting. April 19, Conrad Hilton Hotel, Chicago. *Contact:* Clyde C. Greene, Jr., M.D., Assistant Secretary-Treasurer, 350 Post Street, San Francisco 8.

AMERICAN COLLEGE OF PHYSICIANS Meeting, Conrad Hilton Hotel, Chicago, April 20-24, 1959. *Contact:* Mr. E. R. Loveland, Executive Secretary, 4200 Pine Street, Philadelphia 4.

HAWAII MEDICAL ASSOCIATION Annual Meeting, April 23 through 25, Hilo. *Contact:* Miss Lee McCaslin, Executive Secretary, 510 S. Beretania Street, Honolulu 13.

**Contact:* Walter E. Batchelder, M.D., Medical Director, C.M.A. Cancer Commission, 450 Sutter Street, San Francisco 8.

MAY MEETINGS

THE NEVADA ACADEMY OF GENERAL PRACTICE Annual Meeting, May 21 through 23, Riverside Hotel, Reno. Program by University of Southern California School of Medicine. *Contact:* Roy M. Peters, M.D., Chairman, 475 S. Arlington Avenue, Reno, Nevada.

CALIFORNIA HEART ASSOCIATION Annual Meeting, May 22 through May 24, 1959. Scientific Session and Directors Meeting, Lafayette Hotel, Long Beach. *Contact:* J. Keith Thwaites, executive director, 1428 Bush Street, San Francisco 9.

SUMMER AND FALL MEETINGS

WESTERN BRANCH, AMERICAN PUBLIC HEALTH ASSOCIATION Annual Meeting. June 1 through 5, Sheraton-Palace Hotel, San Francisco. *Contact:* Mrs. L. Amy Darter, secretary-treasurer, 2151 Berkeley Way, Berkeley 4.

ROCKY MOUNTAIN CANCER CONFERENCE, Scientific only, July 22 through 23, 9:00 a.m., Brown Palace Hotel, Denver. *Contact:* N. Paul Isbell, M.D., Chairman, 835 Republic Building, Denver 2, Colorado.

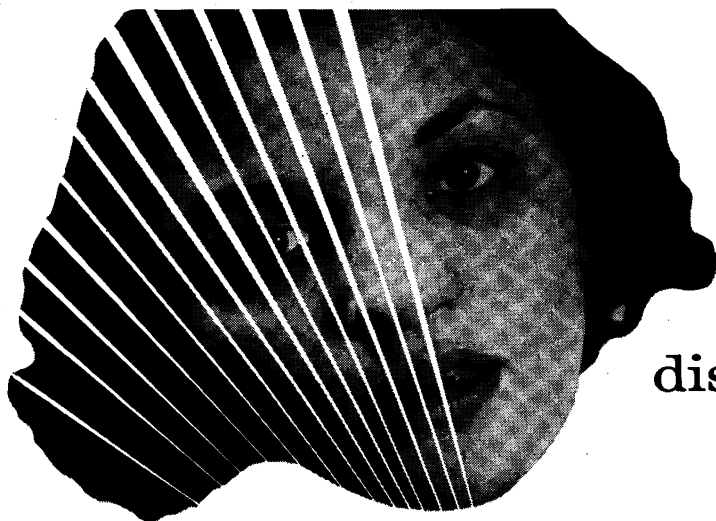
SAINT JOHN'S HOSPITAL Postgraduate Assembly, September 10 through 12, Saint John's Hospital, Santa Monica. *Contact:* John C. Eagan, M.D., director, Postgraduate Assembly, 1328 22nd Street, Santa Monica.

WASHINGTON STATE MEDICAL ASSOCIATION Annual Meeting, September 13 through 16, Olympic Hotel, Seattle, Washington. *Contact:* Ralph W. Neill, Executive Secretary, 1309 Seventh Avenue, Seattle, Washington.

WESTERN INDUSTRIAL MEDICAL ASSOCIATION, INC. 18th Annual Meeting, held in conjunction with Third Western Industrial Health Conference, all day October 2 and 3, Statler Hotel, Los Angeles. *Contact:* A. C. Remington, M.D., medical director, AiResearch Mfg. Co., 9851 Sepulveda Blvd., Los Angeles 45.

CALIFORNIA SOCIETY OF INTERNAL MEDICINE Annual Meeting, October 2 through 4, Miramar Hotel, Santa Barbara. *Contact:* Mrs. Mildred B. Coleman, Executive Secretary, or Clyde C. Greene, Jr., M.D., Secretary-Treasurer, 350 Post Street, San Francisco 8.





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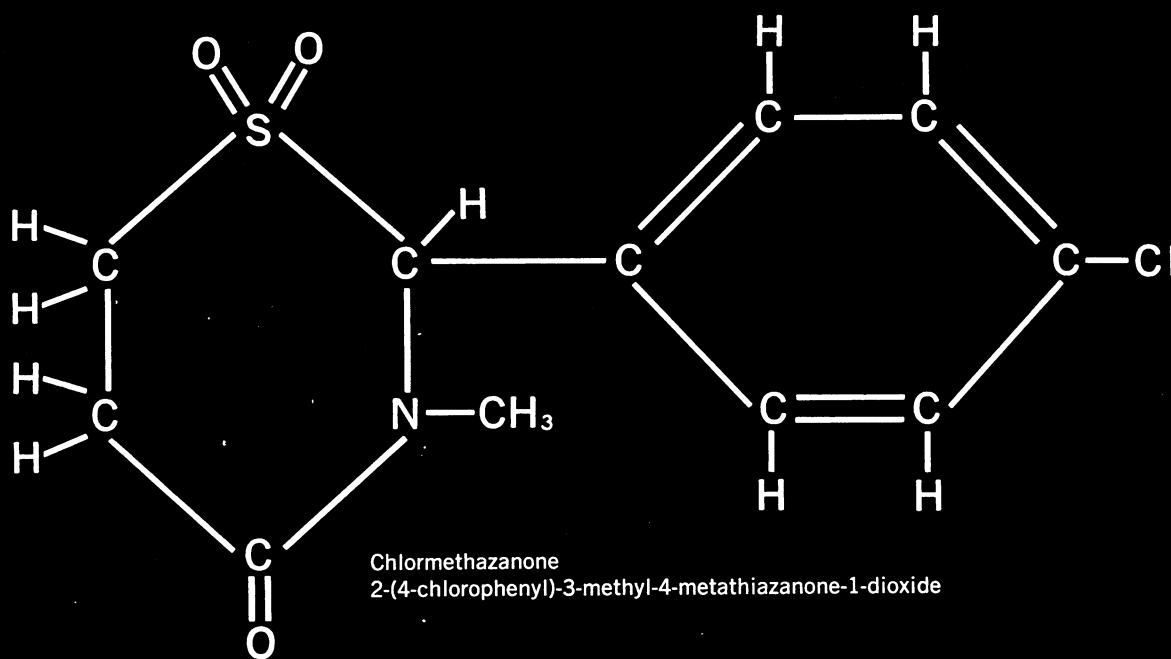
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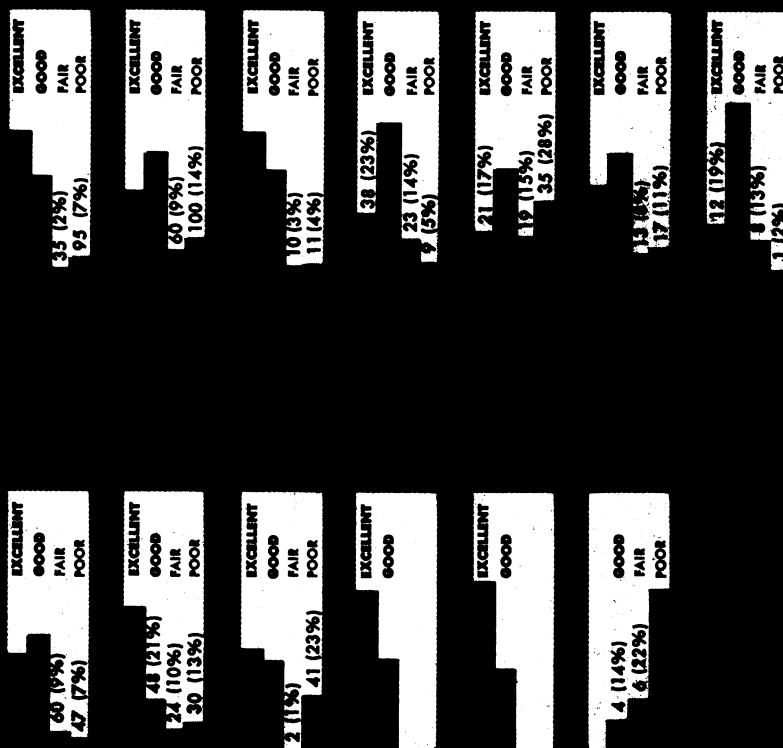
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 from tension and anxiety, from side effects*

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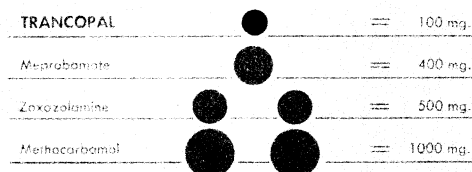
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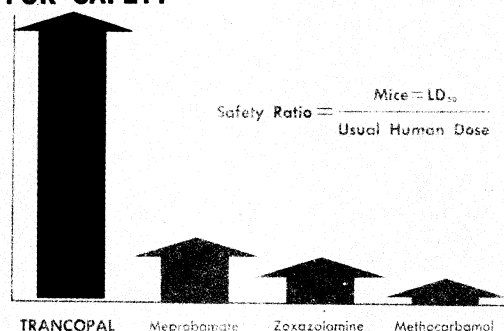


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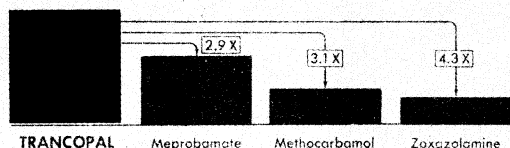
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Bursitis
Rheumatoid arthritis
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Disc syndrome
Fibrositis
Joint disorders (ankle sprain, tennis elbow, etc.)
Myositis
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• Baker, A. B.: *Modern Med.* 26:140, April 15, 1958. • Cohen, A. I.: In preparation. • Cooperative Study, Department of Medical Research, Winthrop Laboratories. • Gesler, R. M., and Coulston, F.: *Toxicol. & Appl. Pharmacol.* To be published. • Gesler, R. M., and Surrey, A. R.: *J. Pharmacol. & Exper. Therap.* 122:24A, Jan., 1958. • Gesler, R. M., and Surrey, A. R.: *J. Pharmacol. & Exper. Therap.* 122:517, April, 1958. • Lichtman, A. L.: *Kentucky Acad. Gen. Pract. J.* 4:28, Oct., 1958. • Mullin, W. G., and Epifano, Leonard: To be published. • Surrey, A. R.; Webb, W. G., and Gesler, R. M.: *J. Am. Chem. Soc.* 80:3469, July 5, 1958.

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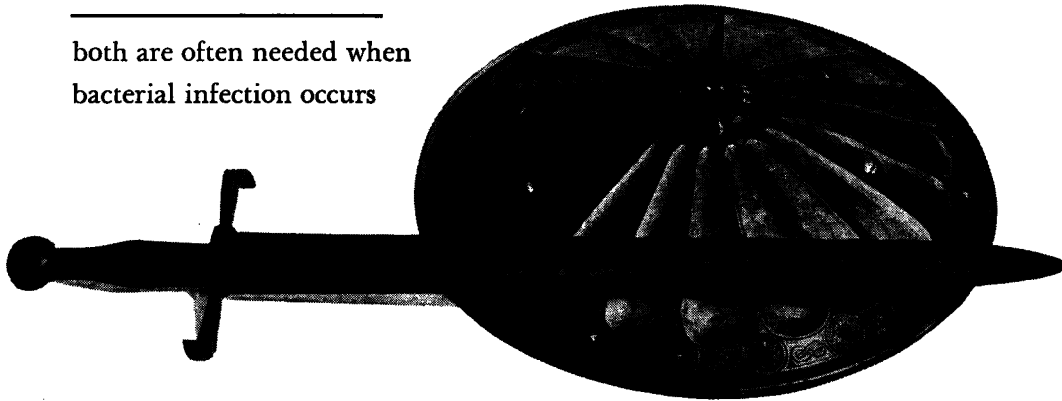
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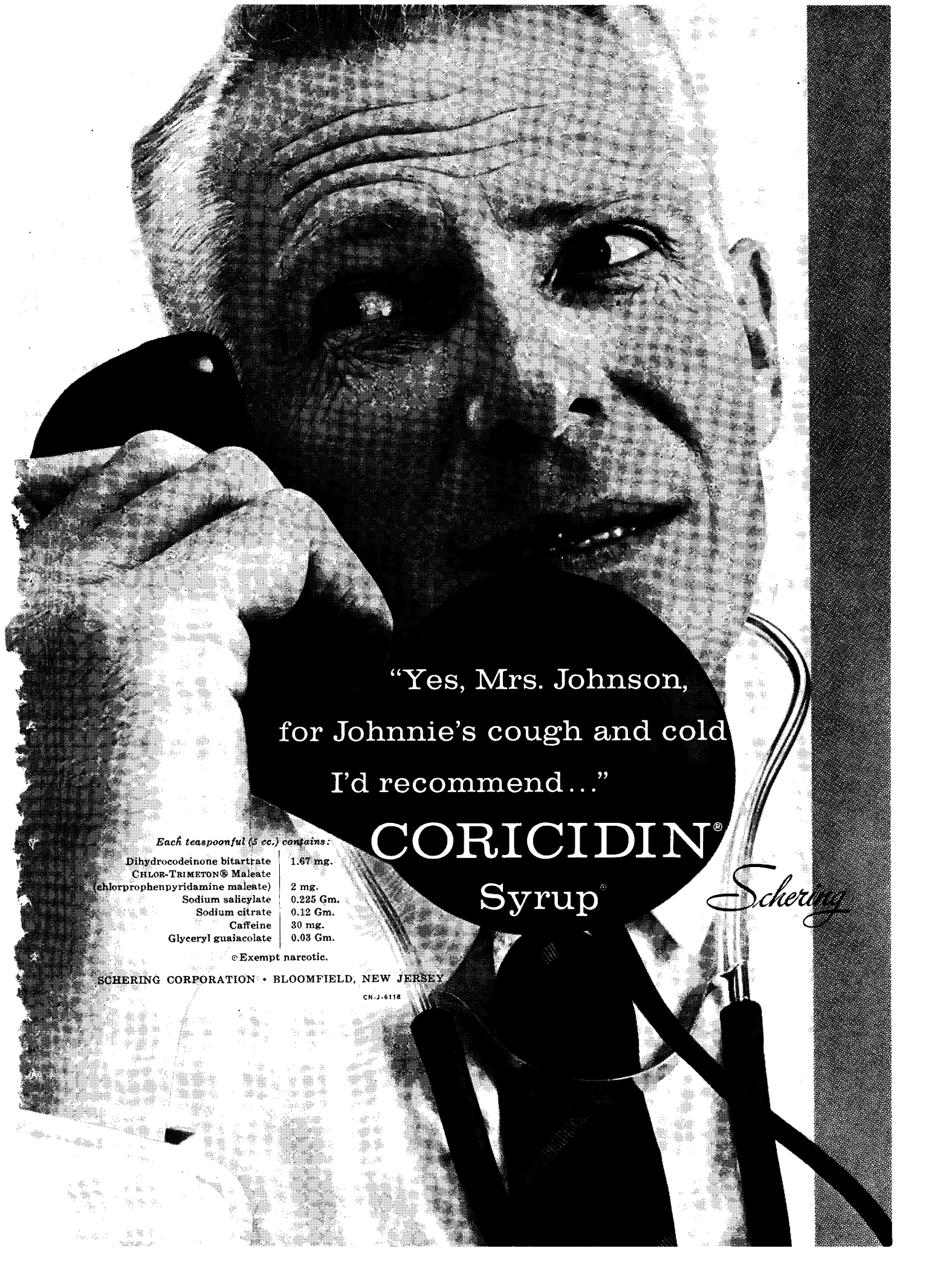
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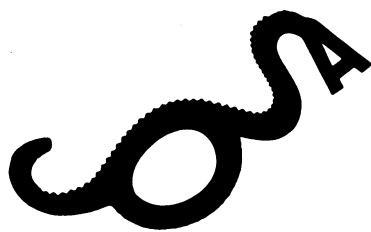
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REFERENCES: 1. Carlozzi, M.: *Antibiotic Med. & Clin. Therapy* 5:146 (Feb.) 1958. 2. Welch, H.; Wright, W. W. and Staffa, A. W.: *Antibiotic Med. & Clin. Therapy* 5:52 (Jan.) 1958. 3. Marlow, A. A., and Bartlett, G. R.: Glucosamine and leukemia, *Proc. Soc. Exp. Biol. & Med.* 84:41, 1953. 4. Shalowitz, M.: *Clin. Rev.* 1:25 (April) 1958. 5. Nathan, L. A.: *Arch. Pediat.* 75:251 (June) 1958. 6. Cornbleet, T.; Chesrow, E., and Barsky, S.: *Antibiotic Med. & Clin. Therapy* 5:328 (May) 1958. 7. Stone, M. L.; Sedlis, A., Bamford, J., and Bradley, W.: *Antibiotic Med. & Clin. Therapy* 5:322 (May) 1958. 8. Harris, H.: *Clin. Rev.* 1:15 (July) 1958.

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(Continued from Front Advertising Section, Page 40)

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Vitamin B ₁	400%	100%
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The minimum daily requirements of Niacinamide, Vitamin B₁₂, Pyridoxine, Copper, Magnesium and Potassium have not yet been determined. The need for Calcium Pantothenate, Cobalt, Manganese, Molybdenum and Zinc in human nutrition has not been established. Literature available on request.

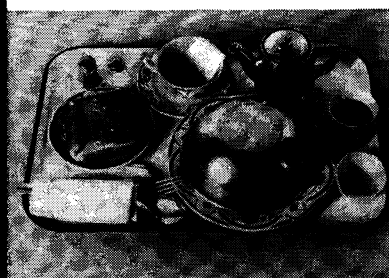
Viterra—each capsule contains:

Vitamin A (Palmitate).....	5,000 U.S.P. Units
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Thiamine Mononitrate	3 mg.
Riboflavin	3 mg.
Nicotinamide	25 mg.
Pyridoxine Hydrochloride	0.5 mg.
Calcium Pantothenate	5 mg.
Vitamin B ₁₂	1 mcg.
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Magnesium (from Magnesium Sulfate)	6 mg.
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Vitamin B ₂ (Riboflavin)	5 mg.
Vitamin B ₆ (Pyridoxine Hydrochloride)	0.5 mg.
Vitamin B ₁₂ U.S.P.	5 mcg.
Niacinamide U.S.P.	100 mg.
Vitamin C (Ascorbic Acid).....	150 mg.
Calcium Pantothenate	1.5 mg.
Calcium (from Dicalcium Phosphate)	103.7 mg.
Cobalt (from Cobaltous Sulfate).....	0.1 mg.
Copper (from Cupric Sulfate).....	1.0 mg.
Iodine (from Potassium Iodide).....	0.15 mg.
Iron (from Ferrous Sulfate).....	10.0 mg.
Magnesium (from Magnesium Sulfate)	6.0 mg.
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3



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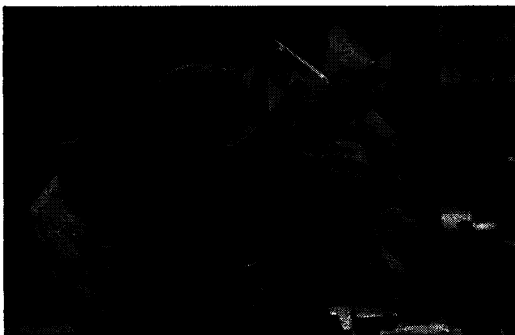


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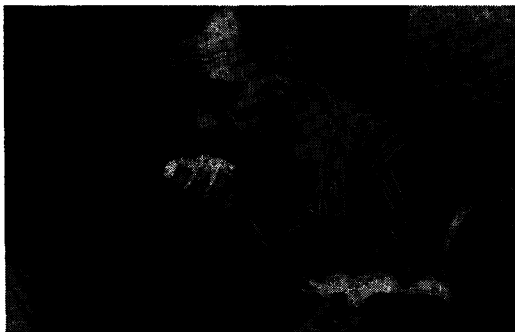
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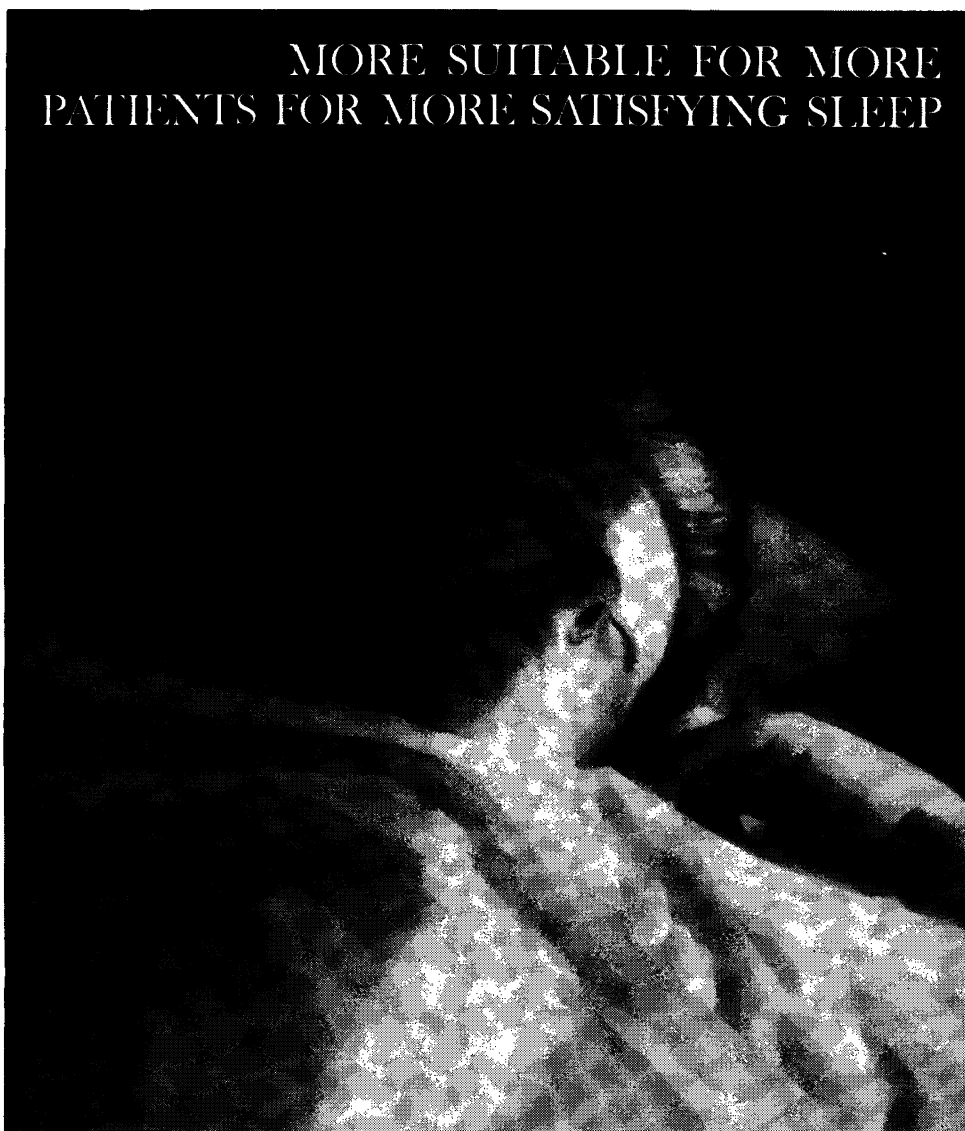
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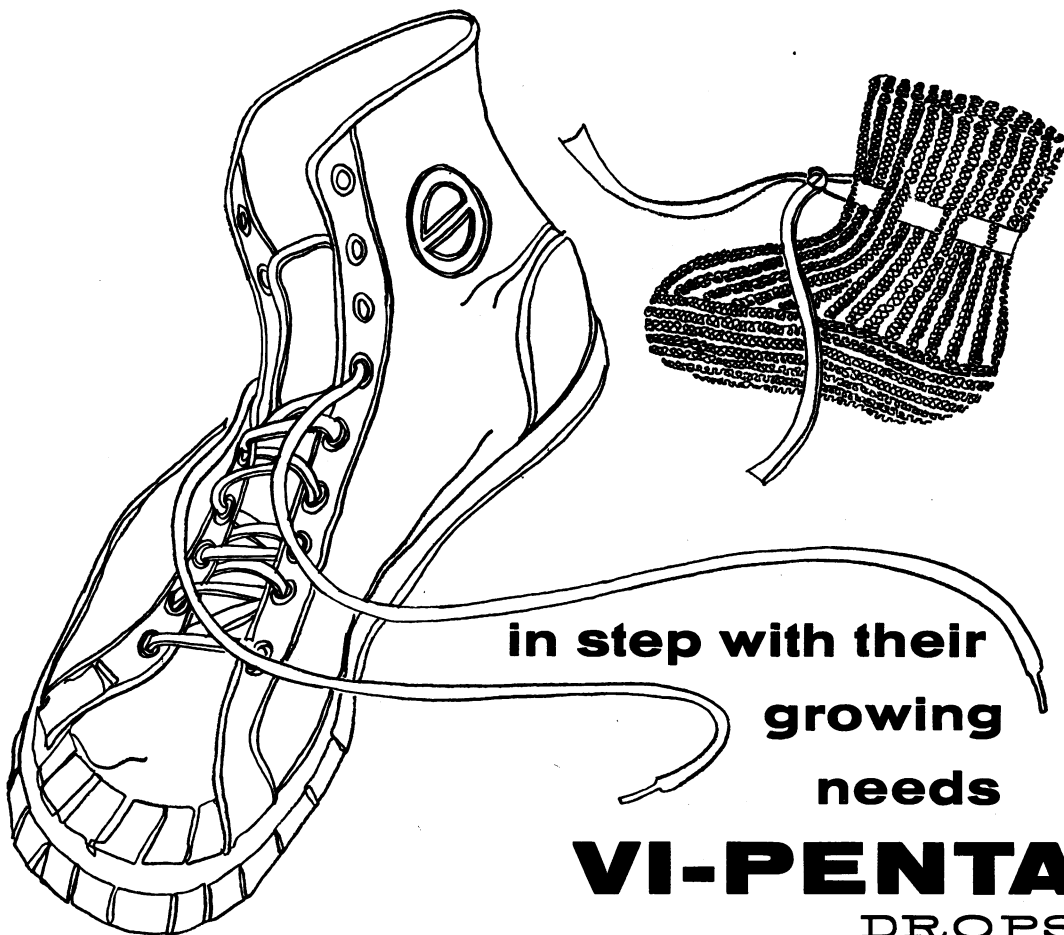


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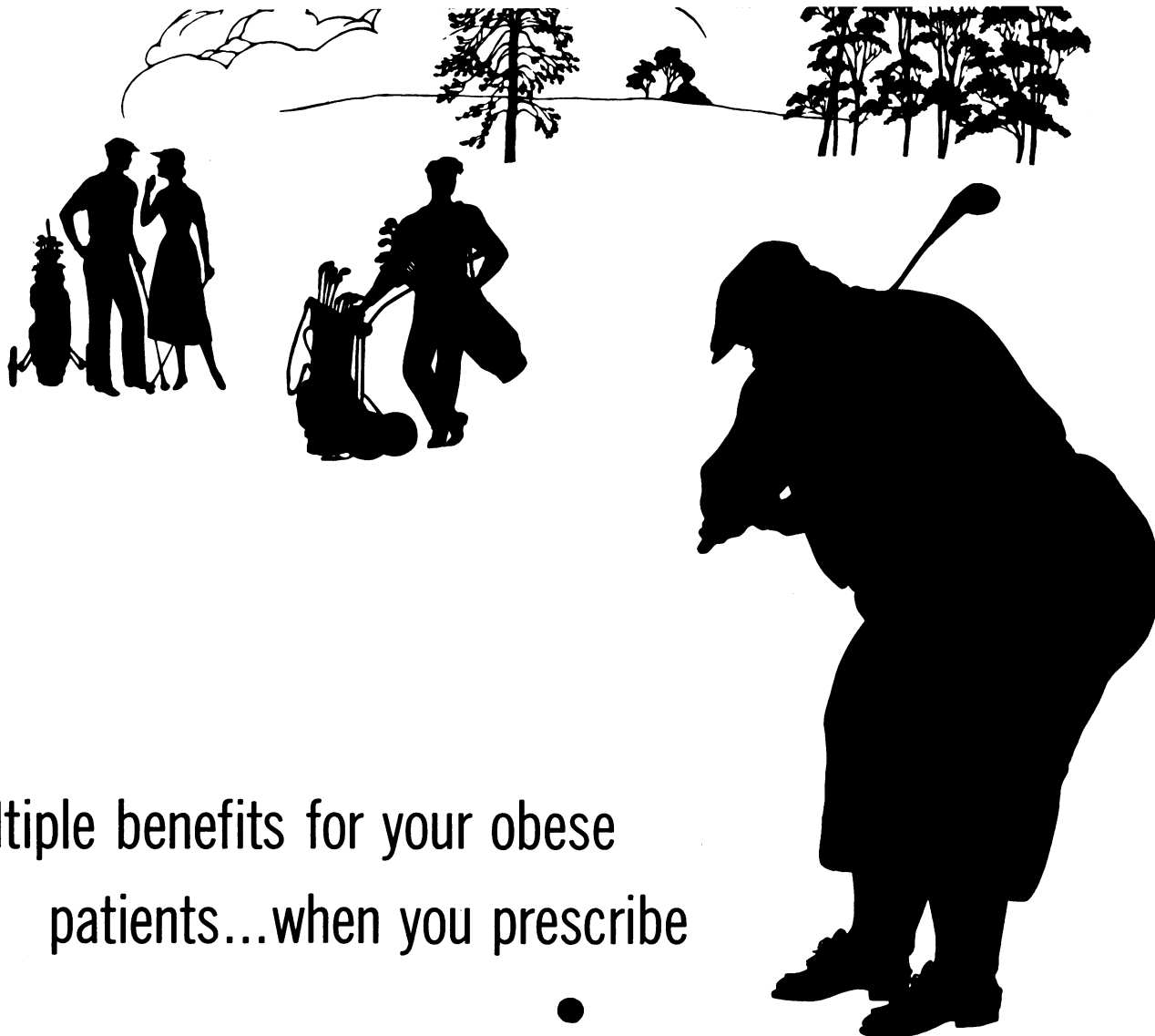
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1. McMahon, M. F.: *Rheumatism* 13:17, 1957.
2. Robins, H. M.; Lockie, L. M.; Norcross, B.; Latona, S., and Riordan, D. J.: *Am. Pract. & Digest Treat.* 8:1758, 1957.
3. Stein, I. D.: *Circulation* 12:833, 1955.

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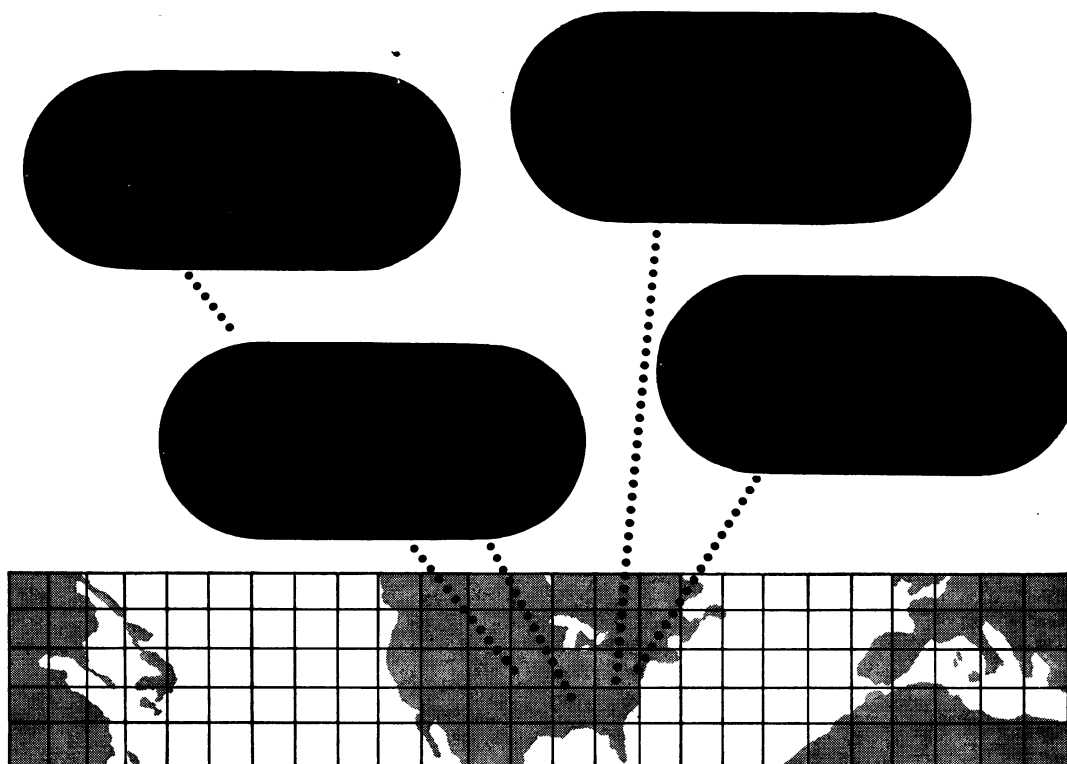
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¹ Council on Pharmacy and Chemistry, New and Nonofficial Remedies: J.A.M.A. **163**:356 Feb. 2, 1957. (2) Martel, A.: Canad. M.A.J. **76**:117, 1957. (3) Ressler, C.: J.A.M.A. **165**:135 (Sept. 14, 1957). (4) Natenshon, A. L.: Am. Pract. & Digest Treat. **7**:1456, 1956. PRELUDIN® (brand of phenmetrazine hydrochloride). Scored, square, pink tablets of 25 mg. Under license from C. H. Boehringer Sohn, Ingelheim.

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SYRUP 10 mg. per 5 cc.

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• **References:** 1. Smigel, J. O., et al.: J. Am. Ger. Soc., in press. 2. Freedman, A. M.: Pediat. Clin. North America 5:573 (Aug.) 1958. 3. Ayd, F. J., Jr.: New York J. Med. 57:1742 (May 15) 1957. 4. Menger, H. C.: New York J. Med. 58:1684 (May 15) 1958. 5. Coirault, M., et al.: Presse méd. 64:2239 (Dec. 26) 1956. 6. Bayart, J.: Presented at the International Congress of Pediatrics, Copenhagen, Denmark, July 22-27, 1956.

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References: 1. Garland, C. F. *J. Allergy* 11:11, 1949
2. Garland, C. F. *New York J. Med.* 55:14, 1955
3. Fessenden, R. D., Spain, W. C. and Strauss, M. B. *J. Allergy* 27:409-423, 1956
4. Rieder, H. M. *Am. Fam. Pract. J.* 1954
5. Fontana, V. J. *GP* 10:47, 1954
6. Strauss, M. B. and Spain, W. C. *J. Allergy* 17:117, 1956

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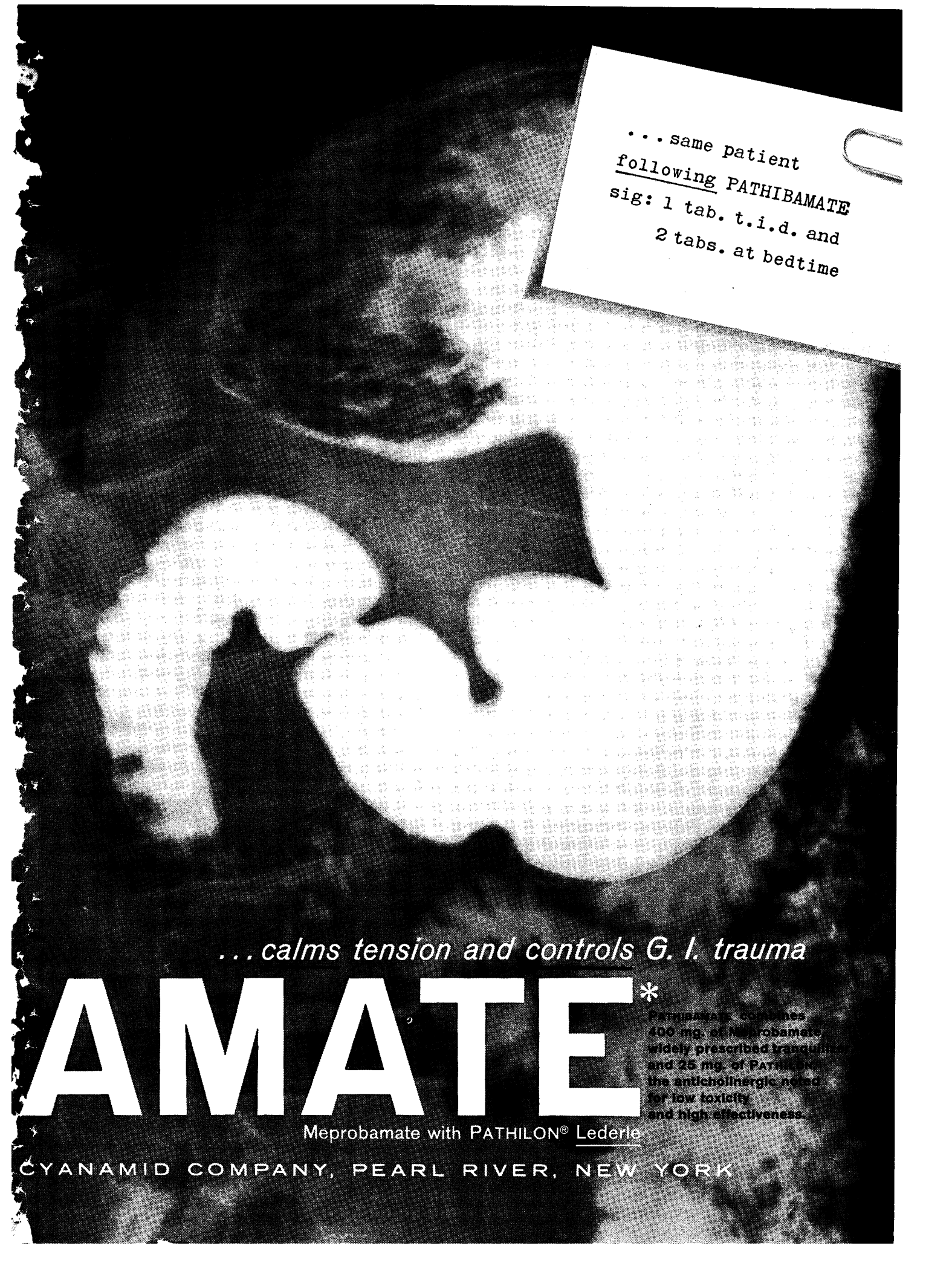
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Buffered Pabirin is formulated to provide high and sustained salicylate blood levels. Each tablet consists of an outer layer containing a buffer (aluminum hydroxide), para-aminobenzoic acid, and ascorbic acid; a core of acetylsalicylic acid.

In the stomach, the outer layer quickly releases the buffer, which protects against nausea, dyspepsia and other gastrointestinal symptoms so frequently encountered with salicylates alone. The core of Buffered Pabirin then disintegrates rapidly, permitting rapid absorption of the acetylsalicylic acid for faster pain relief.

References: 1. Hart, D.; Bagnall, A. W.; Bunim, J. J., and Polley, F. H.: Ninth International Congress on Rheumatic Diseases, Toronto, Ont. (June 25) 1957. 2. Report of Joint Committee, Medical Research Council & Nuffield Foundation, Treatment of Rheumatoid Arthritis, British Medical Journal (April 13) 1957. 3. Friend, D. G.: New England J. Med. 257:278 (Aug.) 1957.

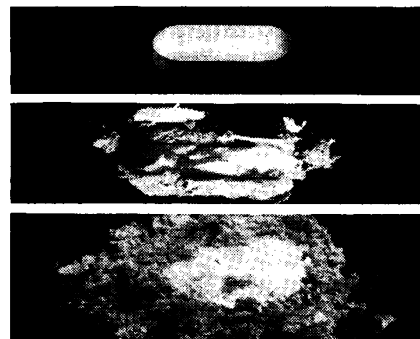
Buffered **Pabirin®** *Tablets*

Each tablet contains:

Acetylsalicylic acid (5 gr.).....	300 mg.
Para-aminobenzoic acid (5 gr.).....	300 mg.
Ascorbic acid.....	50 mg.
Dried aluminum hydroxide gel.....	100 mg.

All Buffered Pabirin is sodium- and potassium-free.

Dosage: Two or three tablets 3 or 4 times daily.



*Photographs show 2-stage
Tandem Release disintegration.*

COMFORT—throughout the night



IN LOCAL AND RESPIRATORY INFLAMMATIONS...

NUMOTIZINE[®]

CATAPLASM

COMFORTS • SOOTHES • RELIEVES CONGESTION

FOR **8** HOURS...AND MORE

The combined analgesic-decongestive medications in Numotizine act by steady and continuing infiltration from Numotizine's carefully formulated polyol-aluminum silicate base.

This slow release of comforting ingredients eliminates fussy care...allows patients to sleep without interruption all night long.

FORMULA: Guaiacol, 0.26%; Sol. Formaldehyde, 0.26%; Beechwood Creosote, 1.30%; Methyl Salicylate, 0.26%, in a kaolin-polyol base. Apply at least $\frac{1}{8}$ " thick over affected area, and cover with a suitable dressing.

CLEAN...EASY TO APPLY...EASY TO REMOVE



LABORATORIES, INC. • CHICAGO 10, ILLINOIS

Safflower...the seeds of discovery in

SERUM CHOLESTEROL CONTROL

As recent research by numerous investigators indicates, serum cholesterol levels *can* be regulated through the use of essential polyunsaturated fatty acids . . . and in particular, the addition of linoleic acid to the patient's diet.

Now safflower oil, containing the highest percentage of essential fatty acids of any commercially available vegetable oil, (73% linoleic acid) makes it possible to control serum cholesterol levels through the patient's diet.

Saffola Safflower Oil, 94% unsaturated, can be used just as any other commercial vegetable oil . . . for cooking, baking or on salads and vegetables . . . but with this one *healthy* difference: Saffola Safflower Oil supplies the nutritional need for essential unsaturated fatty acids, and contains more linoleic acid per calorie than any other vegetable oil. 40 to 80 grams of Saffola Safflower Oil per day is sufficient to check, and in some instances decrease blood cholesterol levels over a 1 to 4 week period.

Fatty Acid Analysis (94% of total weight)

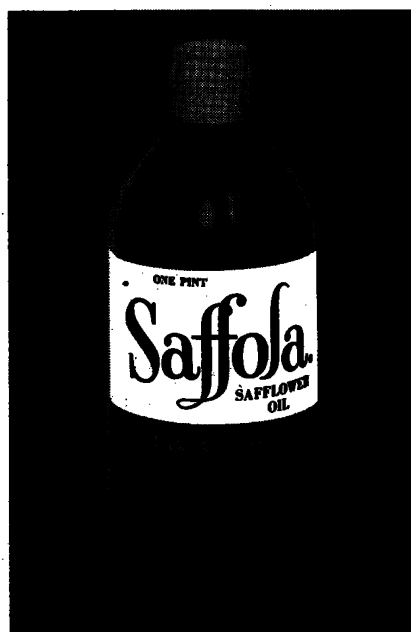
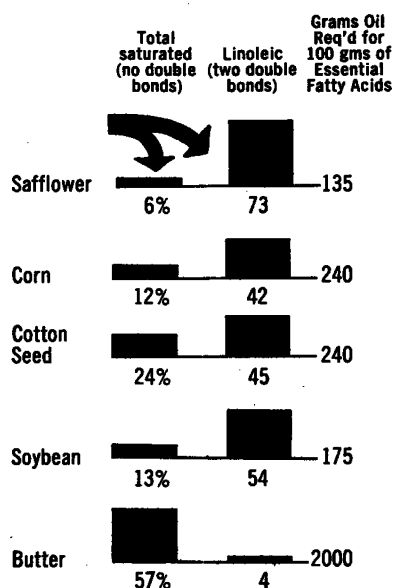
73% linoleic acid
21% oleic acid
6% saturated fatty acid
1 gram linoleic acid per 1.45 grams Saffola
9 calories per gram
(1 tablespoon contains 14 grams)

Saffola Oil is available at grocery stores. If local grocers do not now carry Saffola, your patient may have his grocer contact Safflower Products Corp., 2107 Union Street, San Francisco, or 1340 E. 6th Street, Los Angeles.

Saffola.
SAFFLOWER
OIL

FATTY ACID COMPOSITION OF FOOD FATS AND OILS

(Values in percentages)



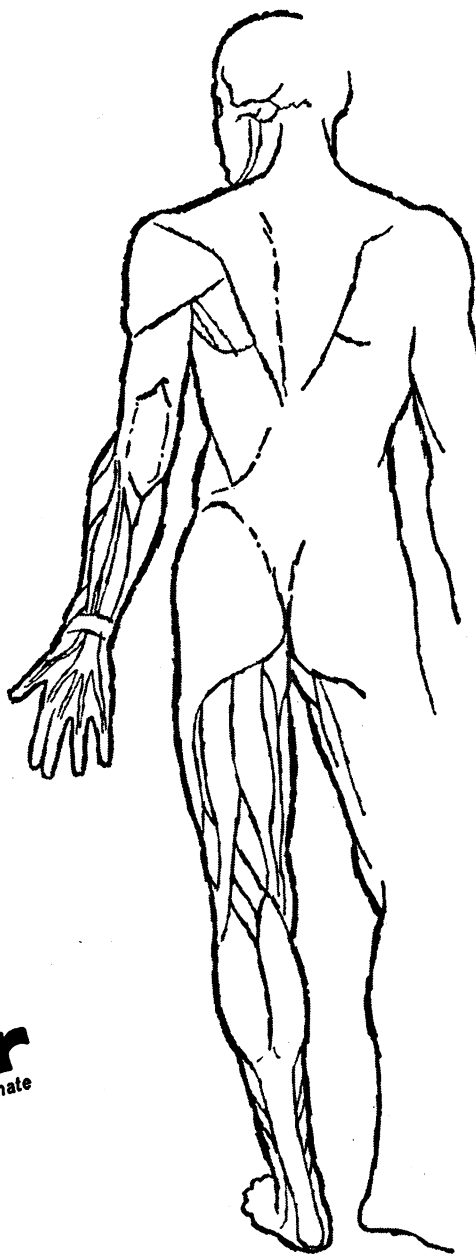
DISAPPOINTED with skeletal muscle relaxants that cause GI distress, drowsiness, and dizziness.....



Sinaxar

the new, different chemical structure—unlike any other skeletal muscle relaxant currently available—is

- a "pure" muscle relaxant, with specificity of action
- free of adverse physical or psychic side effects, for all practical purposes
- consistently effective in cases involving skeletal muscle spasm
- long acting; no fleeting effects



(STYRAMATE, ARMOUR)

Sinaxar
2-hydroxy 2-phenylethyl carbamate

Dosage: Two tablets 3 to 4 times daily. **Supplied:** 200 mg. tablets in bottles of 50.

ARMOUR PHARMACEUTICAL COMPANY • KANKAKEE, ILLINOIS / *a leader in biochemical research*

Now—All cold symptoms can be controlled



Provides Triaminic for more complete and more effective relief from nasal and paranasal congestion because of systemic transport to *all* respiratory membranes—without drawbacks of topical therapy.[†]

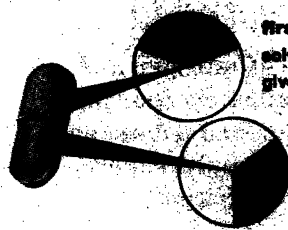
Provides well-tolerated APAP (N-acetyl-p-aminophenol) for prompt and effective analgesic and antipyretic action to make the patient more comfortable.

Provides Dormethan (brand of dextromethorphan HBr) for non-narcotic anti-tussive action on the cough reflex center in the medulla—as effective as codeine but without codeine's drawbacks.

Provides terpin hydrate, classic expectorant to thin inspissated mucus and help the patient clear the respiratory passages.

[†]Shubin, F. M.; Elliott, M. J. 112:259 (Dec.) 1957; Fabricant, N. D.: E. E. N. T. Monthly 57:466 (July) 1953; Farmer, D. F.: Clin. Med. 5:1183 (Sept.) 1958.

Special "timed release" design



first—the outer layer dissolves within minutes to give 3 to 4 hours of relief

then—the inner core releases its ingredients to sustain relief for 3 to 4 more hours

Also available: Tussagesic Suspension (25 mg. Triaminic, 15 mg. Dormethan, 90 mg. terpin hydrate, 120 mg. APAP per 5 ml. tsp.)

Each TUSSAGESIC tablet provides:

TRIAMINIC®	50 mg.
(phenylpropanolamine HCl)	25 mg.
pheniramine maleate	12.5 mg.
pyrilamine maleate	12.5 mg.)
Dormethan (brand of dextromethorphan HBr)	30 mg.
Terpin hydrate	180 mg.
APAP (N-acetyl-p-aminophenol)	325 mg.

Dosage: One tablet in the morning, midafternoon and in the evening, if needed.

Tussagesic[®] *timed-release* tablets

*Contains TRIAMINIC to  running noses  and open stuffed noses orally

SMITH-DORSEY • a division of The Wander Company • Lincoln, Nebraska • Peterborough, Canada



TEST-ESTRIN® T.A.
(Timed Action)

provides consistent

SMO-O-OTH SYMPTOMATIC

RELIEF...fluctuating peaks and

valleys are avoided¹...

A feeling of confidence is restored

Test-Estrin, T.A. provides a physiologic combination of estrogen and androgen. Fifty per cent of the dose is released in approximately four hours, balance in approximately eight hours.² Gastric irritation and nausea are rarely experienced.³ The synergistic effect of both gives results superior to either hormone alone. Seventy-two percent of the patients preferred the combination.⁴

1. Payne, S. A., Skeels, R. F.: Private Communication
2. Feinblatt, T. M., Ferguson, E. A. Jr.: CRT. New England Jrl. of Med. 254: 940-943 May 17, 1956
3. Hawkinson, L. F.: Private Communication
4. Glass, S. J.: Annals West. Med. & Surg. 3: 186, 1949

MARLYN COMPANY, INC.

8332 beverly boulevard
los angeles 48, california
telephone webster 6-7229



BIOLOGICALS • PHARMACEUTICALS

Formula:

Each Capsule Contains:
ETHYNYL ESTRADIOL . . 0.03 mg
METHYL TESTOSTERONE 3.5 mg



ELECTIVE AND TRAUMATIC

*use XYLOCAINE first...
as a local anesthetic
or a topical anesthetic*

SWAB  SPRAY  INFILTRATION  NERVE BLOCK




Xylocaine HCl solution, the versatile anesthetic for general office surgery, relieves pain promptly and effectively with adequate duration of anesthesia. It is safe and predictable. Local tissue reactions and systemic side effects are rare. Supplied in 20 cc. and 50 cc. vials; 0.5%, 1% and 2% without epinephrine and with epinephrine 1:100,000; also in 2 cc. ampules; 2% without epinephrine and with epinephrine 1:100,000.

XYLOCAINE[®] HCl SOLUTION
(brand of Astra)

 Astra Pharmaceutical Products, Inc., Worcester 6, Mass., U.S.A.



*U.S. PAT. NO. 2,441,400 MADE IN U.S.A.



to prevent
the sequelae
of U.R.I.'s
and relieve the
symptom complex

ACHROMYCIN[®]

Tetracycline-Antihistamine-Analgesic Compound Lederle

Sinusitis, otitis, tonsillitis, adenitis, bronchitis or pneumonitis develops as a serious bacterial complication in about one in eight cases of acute upper respiratory infection.⁽¹⁾

Usual dosage: 2 tablets or teaspoonfuls q.i.d. (equiv. 1 Gm. tetracycline). Each TABLET contains: ACHROMYCIN[®] Tetracycline HCl (125 mg.); phenacetin (120 mg.); caffeine (30 mg.); salicylamide (150 mg.); chlorothen citrate (25 mg.). Also as SYRUP, caffeine-free.

(1) Estimate based on epidemiologic study by Van Volkenburgh, V. A., and Frost, W. H.: Am. J. Hygiene 71:122, Jan. 1933.



LEDERLE LABORATORIES, A Division of AMERICAN ANAMID COMPANY, Pearl River, New York

**Established
Standard Therapy
in Hypertension***

Rauwiloid[®]
alseroxylon, 2 mg.

***Because**

Rauwiloid provides effective Rauwolfia action virtually free from side effects... the smooth therapeutic efficacy of Rauwiloid is associated with significantly less toxicity than reserpine... and with a lower incidence of depression. Tolerance does not develop.

Rauwiloid is initial therapy for every hypertensive patient. ...Dosage adjustment is never a problem...

just two tablets

at bedtime

After full effect
one tablet
suffices

When more potent drugs are needed, prescribe one of the *convenient single-tablet combinations*

Rauwiloid[®] + Veriloid[®]

alseroxylon 1 mg. and alkavervir 3 mg.

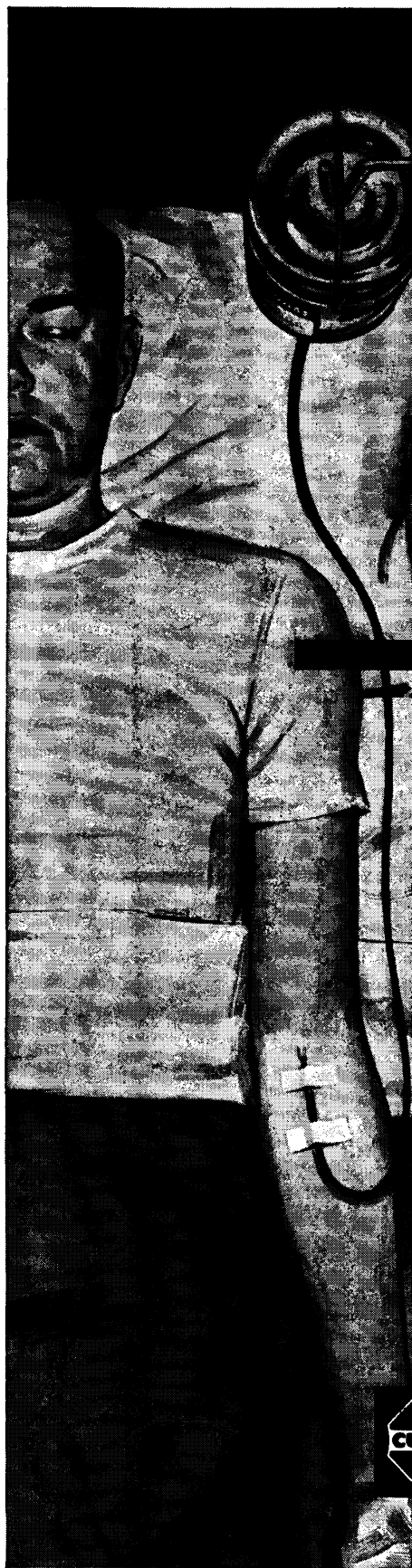
or

Rauwiloid[®] + Hexamethonium

alseroxylon 1 mg. and hexamethonium
chloride dihydrate 250 mg.

Many patients with severe hypertension can be maintained on Rauwiloid alone after desired blood pressure levels are reached with combination medication.

Northridge, California



REGAIN

ELECTROLYTE BALANCE PROMPTLY

- improve blood volume
- restore circulatory and renal efficiency
- control or prevent hypopotassemia

with **POLYSAL[®]** for replacement

Electrolyte Composition (milliequivalents per liter)

CATIONS

Sodium	140 mEq.
Potassium	10 mEq.
Calcium	5 mEq.
Magnesium	3 mEq.

ANIONS

Chloride	103 mEq.
*Bicarbonate	55 mEq.
*Obtained from metabolic conversion of acetate ion.	

Available in Distilled Water or 5% Dextrose in 250, 500, 1000 cc. Saftiflasks.[®]

MAINTAIN

ELECTROLYTE BALANCE SMOOTHLY

- eliminate "saw-tooth" effect to prevent water intoxication, edema, overloading
- supply basic needs of electrolytes
- provide uniform hydration

with **POLYSAL[®]-M** for maintenance

Electrolyte Composition (milliequivalents per liter)

CATIONS

Sodium	40 mEq.
Potassium	16 mEq.
Calcium	5 mEq.
Magnesium	3 mEq.

ANIONS

Chloride	40 mEq.
*Bicarbonate	24 mEq.
*Obtained from metabolic conversion of lactate and acetate ions.	

Available in 2½% Dextrose in Saftiflasks[®]—250, 500 cc.; in 5% Dextrose in Saftiflasks—250, 500 and 1000 cc.; in 10% Dextrose in Saftiflasks—500 and 1000 cc.



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for detailed literature
or write to Dept. 9-5A

CUTTER LABORATORIES Berkeley, California